#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,521

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOP024	FEE-FOR-SERVICE											01/1//03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	CASH GR	ANT -	AGED		AID CODE					
								M			GE.	
2,069 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		RAGE COST					COST PER
AMOMAI AII DDOMIDEDC	1,465		OF CARE	\$	475,926.79	PER \$	UNIT/DAY 30.41	7.563		USER 324.86	ċ	ELIGIBLE 230.03
@TOTAL, ALL PROVIDERS	•	1	5,648	۶ \$	•	•						
@PHYSICIANS SERVICES	252		683	Ą	8,769.46 130.90	\$	12.84 43.63	.330	Ą	34.80 65.45	Ą	4.24
OUTPATIENT VISITS	2		3					.001		65.45		.06
OFFICE VISITS	2		3 0		130.90		43.63	.001		.00		.06
HOME VISITS	0		0		.00		.00	.000				.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	U		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		-		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	U		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	1		1		32.89		32.89	.000		32.89		.02
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	250		679		8,605.67		12.67	.328		34.42		4.16
@PHARMACY	1,286		8,667	\$	326,160.31	\$	37.63	4.189	\$	253.62	\$	157.64
PRESCRIPTION DRUGS	1,270		4,448		315,367.59		70.90	2.150		248.32		152.43
SNF/ICF	9		38		1,180.01		31.05	.018		131.11		.57
OUTPATIENTS	1,263		4,410		314,187.58		71.24	2.131		248.76		151.85
MEDICAL SUPPLIES	106		4,219		10,792.72		2.56	2.039		101.82		5.22
@DENTIST	41		168	\$	•	\$	51.22	.081	\$	209.88	\$	4.16
VISITS - DIAGNOSTIC	30		108		1,402.00		12.98	.052		46.73		.68
ORAL SURGERY	4		16		716.00		44.75	.008		179.00		.35
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	2		2		110.00		55.00	.001		55.00		.05
ENDODONTICS	2		2		590.00		295.00	.001		295.00		.29
RESTORATIVE DENTISTRY	13		26		2,652.00		102.00	.013		204.00		1.28
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7		14		3,135.00		223.93	.007		447.86		1.52
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,522

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10

COLUSA COUNTY	SUMMARY OF SER	VICES FOR CASH G	RANT -	- AGED		AID CODE	10				
							MC	TNC	'HLY AVERA	GΕ	
2,069 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES		ERAGE COST		S			COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	33	78	\$	1,297.60	\$	16.64	.038	\$	39.32	\$.63
DIAGNOSTIC AND ANC. PROCED	5	5		158.50		31.70	.002		31.70		.08
EYE APPLIANCES	25	66		1,071.33		16.23	.032		42.85		.52
OTHER OPTOMETRIC SERVICES	3	7		67.77		9.68	.003		22.59		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	·	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	52	56	Ś	516.91	\$	9.23	.027	Ś	9.94	Ś	.25
MEDICINE/INJECTIONS	0	0	т	.00	т.	.00	.000	4	.00	4	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	52	56		516.91		9.23	.027		9.94		.25
@HOME HEALTH AGENCY	0	0	\$		\$.00	.000	Ċ	.00	Ċ	.00
NURSE ANESTHESIST	1	9	\$	23.57	\$	2.62	.004		23.57		.01
	0	0			۶ \$			۶ \$.00		
NURSE MIDWIFE	•	0	\$.00		.00				\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	\$		\$.00	.000			\$.00
FAMILY NURSE PRACTITIONER	0	-	\$.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	296	1,219	\$,	\$	49.32	.589	Ş	203.11	Ş	29.06
HOSP INPATIENT TOTAL	29	147		46,897.72		319.03	.071		1617.16		22.67
HSC HOSPITALS	1	2		1,773.89		886.95	.001		1773.89		.86
NON-HSC HOSPITAL TOTAL	3	23		24,789.78		1077.82	.011		8263.26		11.98
ACCOMMODATIONS	2	23		12,680.77		551.34	.011		6340.39		6.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	23		12 , 680.77		551.34	.011		6340.39		6.13
ANCILLARIES	3	0		12,109.01		.00	.000		4036.34		5.85
INPATIENT CROSSOVERS	25	122		20,334.05		166.67	.059		813.36		9.83
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	281	1,072		13,222.54		12.33	.518		47.06		6.39
MEDICAL	2	3		100.70		33.57	.001		50.35		.05
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		34.90		17.45	.001		34.90		.02
ROOM USE	1	1		31.93		31.93	.000		31.93		.02
CROSSOVERS/ALL OTH OUTPINT	279	1,066		13,055.01		12.25	.515		46.79		6.31
@COUNTY HOSPITAL TOTAL	1	2	\$		\$			Ś	1773.89	Ś	.86
CO HOSPITAL INPATIENT TOTAL		2	т	1,773.89	т.	886.95	.001	7	1773.89	4	.86
HSC HOSPITALS	1	2		1,773.89		886.95	.001		1773.89		.86
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
ALL OTHER ACCOM	U								.00		.00
ANCILLARIES	0	0		.00		.00	.000				.00
INPATIENT CROSSOVERS		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00

01/17/03

RADIOLOGY 0 0 .00 .00 .000 .00 .00 .000 0 0 .00 .00 .00 .00 ROOM USE 0 0 .00 .00 .00 .00 CROSSOVERS/ALL OTH OUTPINT .000 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,523

01/17/03

FEE-FOR-SERVICE/DENTAL

MOP024

COLUSA COUNTY	CIMMADV OF CEDIA	ICES FOR CASH GRANT	- ACED	AID CODE	1 0			01/11/03
COLOSA COUNTI	SUMMAKI OF SERV	ICES FOR CASH GRANT	- AGED	AID CODE	MONT	ממשע אווים	CF -	
2,069 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ATTEDACE COCH			-	OST PER
7,009 FFIGIPTE2	USEKS	OR DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	205	1,217 \$	58,346.37			197.78		
COMM HOSP INPATIENT TOTAL	28	145	58,346.37 45,123.83	311.20	.070	1611.57	Ą	21.81
HSC HOSPITALS		_	43,123.63	.00	.000	.00		.00
	0	0		1077 00		.00		11.98
NON-HSC HOSPITALS TOTAL	3	23	24,789.78 12,680.77	1077.82 551.34	.011	8263.26 6340.39		6.13
ACCOMMODATIONS	2	23		.00	.000	0340.39		.00
ADMINISTRATIVE DAYS	0	0	.00			.00		
TRANSITIONAL IP CARE	U	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0 2 3	0 23 23 0 0 23 0 122	.00 12,680.77 12,109.01 20.334.05	551.34	.011	6340.39 4036.34		6.13
	3	100	12,109.01	.00				5.85
INPATIENT CROSSOVERS	25 0	122	20,001.00	166.67		813.36		9.83
ALL OTHER INPATIENT	U	0	.00 13,222.54	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	281	1,072		.00 12.33 33.57	.518	47.06		6.39
MEDICAL	2	3	100.70	33.57	.001	50.35		.05
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	1	2	34.90	17.45	.001	34.90		.02
ROOM USE	1	1	31.93	31.93	.000	31.93		.02
CROSSOVERS/ALL OTH OUTPINT	279	0 2 1 1,066	13,055.01	12.25	.515	46.79		6.31
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	7	220 \$	24,153.63	\$ 109.79	.106 \$	3450.52	\$	11.67
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	7	220	24,153.63	109.79	.106	3450.52		11.67
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	14 0	18 \$	6,041.92	\$ 335.66	.009 \$	431.57	\$	2.92
		0	.00	.00	.000	.00		.00
HEMODIALYSIS CENTER @REHABILITATION FACILITY	14	18	6,041.92	335.66	.009	431.57		2.92
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	2	6 \$	60.35		.003 \$		Ś	.03
PATHOLOGY	1	4	33.58	8.40	.002	33.58		.02
XO AND OTHERS	1	2	26.77	13.39	.001	26.77		.01
@ORGANIZED OUTPATIENT CLINIC	243	361 \$	14,942.77		.174 \$		Ś	7.22
CLINIC	1	3	31.54	10.51	.001	31.54	-	.02
SURGICENTER	4	4	767.12	191.78	.002	191.78		.37
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	240	354	14,144.11	39.96	.171	58.93		6.84
#CALIF DEPT OF HEALTH SERV			•				ÞΣ	GE 1,524
" OTTHE DULL OF HEWHILL ONLY	THE CAME SHILLING	TO THE TREBUDITORED P.	ONTH OF TATREMI M	PIOI(I IOI(OMN	2002 IIII(O DE(, 2002	ıΛ	JL 1, JL 7

MOP024 FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CASH GRANT - AGED AID CODE 10 01/17/03

						MO	NTHLY AVERA	GE
2,069 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	196	4,163	\$	25,235.01	\$ 6.06	2.012	\$ 128.75	\$ 12.20
DURABLE MED. EQUIP.	5	6		525.54	87.59	.003	105.11	.25
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	7	7		1,546.37	220.91	.003	220.91	.75
MEDICAL TRANSPORTATION	21	1,873		9,645.12	5.15	.905	459.29	4.66
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00	.00
OTHER TRANS	11	1,765		8,030.94	4.55	.853	730.09	3.88
OTHER SERVICES	10	108		1,614.18	14.95	.052	161.42	.78
ACUPUNCTURE	1	2		43.25	21.63	.001	43.25	.02
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	38		1,705.00	44.87	.018	426.25	.82
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	40	92		1,297.18	14.10	.044	32.43	.63
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6		266.30	44.38	.003	88.77	.13
PROSTHETICS	3	6		266.30	44.38	.003	88.77	.13
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6		113.25	18.88	.003	28.31	.05
HOSPICE SERVICES	1	1		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	117	2,132		10,093.00	4.73	1.030	86.26	4.88
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00		\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	608	3,166	\$	61,829.41	\$ 19.53	1.530	\$ 101.69	\$ 29.88

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,525 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - BLIND AID CODE 20

						MO	NTHLY AVERA	GE
157 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	113	5,221	\$	73,563.50	\$ 14.09	33.255	\$ 651.00	\$ 468.56
@PHYSICIANS SERVICES	35	102	\$	6,173.86	\$ 60.53	.650	\$ 176.40	\$ 39.32
OUTPATIENT VISITS	22	36		1,202.65	33.41	.229	54.67	7.66
OFFICE VISITS	20	25		828.04	33.12	.159	41.40	5.27
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4		249.65	62.41	.025	83.22	1.59
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7		124.96	17.85	.045	20.83	.80
INPATIENT VISITS	4	7		428.90	61.27	.045	107.23	2.73
HOSPITAL VISITS	3	5		248.40	49.68	.032	82.80	1.58
CRITICAL CARE	1	2		180.50	90.25	.013	180.50	1.15

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	221.03	44.21	.032	55.26	1.41
EXAMINATIONS	4	5	221.03	44.21	.032	55.26	1.41
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.006	82.65	.53
PRINCIPAL SURGEON	1	1	82.65	82.65	.006	82.65	.53
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11	2,808.03	255.28	.070	936.01	17.89
PRINCIPAL SURGEON	3	3	2,401.71	800.57	.019	800.57	15.30
ASSISTANT SURGEON	1	1	232.32	232.32	.006	232.32	1.48
ANESTHESIOLOGIST	1	7	174.00	24.86	.045	174.00	1.11
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	149.66	37.42	.025	49.89	.95
RADIOLOGY	5	8	392.40	49.05	.051	78.48	2.50
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.006	13.76	.09
OTHER SERVICES/ALL X-OVERS	17	29	874.78	30.16	.185	51.46	5.57
@ PHARMACY	105	2,626	\$ 42,183.35	\$ 16.06	16.726	\$ 401.75	\$ 268.68
PRESCRIPTION DRUGS	104	444	40,161.56	90.45	2.828	386.17	255.81
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	104	444	40,161.56	90.45	2.828	386.17	255.81
MEDICAL SUPPLIES	14	2,182	2,021.79	.93	13.898	144.41	12.88
@DENTIST	5	26	\$ 2,671.00	\$ 102.73	.166	\$ 534.20	\$ 17.01
VISITS - DIAGNOSTIC	2	10	106.00	10.60	.064	53.00	.68
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.013	200.00	2.55
ENDODONTICS	1	3	645.00	215.00	.019	645.00	4.11
RESTORATIVE DENTISTRY	3	11	1,520.00	138.18	.070	506.67	9.68
PROSTHETICS	0	0	.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,526	
MOP024	FEE-FOR-SERVICE/DE	ENTAL					01/17/03	
COTTICA COUNTRY	CLIMMADA OF CEDITO	TO EOD CACH CDAN	m DITND	ATD CODE	2 20			

COLUMN COUNTRY	CHANGE OF CERTIFIC		CACH CD	A N.T	TND		ATD CODE	2.0				01/1//03
COLUSA COUNTY	SUMMARY OF SERVIC	JES FOR	CASH GRA	ANT – BI	TND		AID CODE		○ 3. T. FT		О П	
157 51 50 50 50			0=D11=0=			3.7.7.				HLY AVERA	GE:	
157 ELIGIBLES		JNITS OF			EXPENDITURES		ERAGE COST					COST PER
CODMOMPEDICE		OR DAYS		Ċ	FO 11	\$	R UNIT/DAY 17.70			USER 53.11	ċ	ELIGIBLE
@OPTOMETRIST	1		3 0	\$	53.11	Ą		.019	Þ	.00	Ş	.34
DIAGNOSTIC AND ANC. PROCED	1		3		53.11		.00 17.70	.019		53.11		
EYE APPLIANCES	0		0									.34
OTHER OPTOMETRIC SERVICES	0		0	\$.00	\$.00	.000	ċ	.00	ċ	.00
@CHIROPRACTOR VISITS	0		0	Ş	.00	Ą	.00	.000	Þ	.00	Ş	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	5		8	\$	45.02	\$	5.63	.051	Ċ	9.00	Ċ	.29
MEDICINE/INJECTIONS	5		0	Y	.00	Ą	.00	.000	۲	.00	۲	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	5		8		45.02		5.63	.051		9.00		.29
@HOME HEALTH AGENCY	0			Ċ		\$.00	.000	Ċ	.00	Ċ	.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000			\$.00
NURSE MIDWIFE	0		0	¢	.00	\$.00	.000		.00		.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$		\$.00		Ś	.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	۲ د		\$.00	.000		.00		.00
@TOTAL HOSPITAL	37		361	¢			44.18	2.299		431.06		101.59
HOSP INPATIENT TOTAL	2		6	Y	6,420.00		1070.00	.038	Y	3210.00	Y	40.89
HSC HOSPITALS	2		6		6,420.00		1070.00	.038		3210.00		40.89
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		Ö		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ō		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	37		355		9,529.17		26.84	2.261		257.55		60.70
MEDICAL	12		53		2,649.36		49.99	.338		220.78		16.87
SURGERY	2		2		125.75		62.88	.013		62.88		.80
PATHOLOGY	22		147		1,562.10		10.63	.936		71.00		9.95
RADIOLOGY	12		38		1,901.80		50.05	.242		158.48		12.11
ROOM USE	24		53		2,223.61		41.95	.338		92.65		14.16
CROSSOVERS/ALL OTH OUTPTNT	23		62		1,066.55		17.20	.395		46.37		6.79
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REI	PORT FOR JAN	2002 THRU D	EC 2002	PAGE 1,527
MOP024	FEE-FOR-SERVICE/DEN	NTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	S FOR CASH GRANT	r - BLIND	AID CODE	20		
					MC	NTHLY AVERAC	E

0020011 0001111	5011111111 01 52111	1020 1010	011011 011		5211.5		1112 0022	M	ONT	HIV AVERA	CF	
157 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/1	ERAGE COST			COST PER	-	COST PER
137 EHIGIDHES	OSEIG	OR DAYS	-		EXTENDITORES		R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	37	OK DAIS	361	\$	15,949.17	\$	44.18	2.299		431.06		101.59
COMM HOSP INPATIENT TOTAL	2		6	Y	6,420.00		1070.00	.038	Y	3210.00	Y	40.89
HSC HOSPITALS	2		6		6,420.00		1070.00	.038		3210.00		40.89
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		
ADMINISTRATIVE DAYS	0		0		.00			.000		.00		.00
TRANSITIONAL IP CARE	0		0				.00					.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		•		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	O		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	37		355		9,529.17		26.84	2.261		257.55		60.70
MEDICAL	12		53		2,649.36		49.99	.338		220.78		16.87
SURGERY	2		2		125.75		62.88	.013		62.88		.80
PATHOLOGY	22		147		1,562.10		10.63	.936		71.00		9.95
RADIOLOGY	12		38		1,901.80		50.05	.242		158.48		12.11
ROOM USE	24		53		2,223.61		41.95	.338		92.65		14.16
CROSSOVERS/ALL OTH OUTPINT			62		1,066.55		17.20	.395		46.37		6.79
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	0		0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$	27.55	\$.00	.000	\$.00	\$.18
HOSPITAL BASED	0		0	•	.00	·	.00	.000	·	.00		.00
HEMODIALYSIS CENTER	0		0		27.55		.00	.000		.00		.18
@REHABILITATION FACILITY	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7		32	\$	318.24	\$	9.95	.204	Ś		\$	2.03
PATHOLOGY	7		32	Τ.	318.24	Τ.	9.95	.204	~	45.46	Τ.	2.03
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
210 21110 01110100	O .		O		:00		• • • •	• 0 0 0		• 00		• 0 0

@ORGANIZED OUTPATIENT CLINIC	20	34 \$	2,553.89	\$	75.11	.217	127.69	\$ 16.27
CLINIC	1	1	10.00		10.00	.006	10.00	.06
SURGICENTER	0	0	.00		.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00	.00
RURAL HEALTH CLINIC	19	33	2,543.89		77.09	.210	133.89	16.20
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU DE	EC 2002	PAGE 1,528
MOP024	FEE-FOR-SERVICE/DENT	'AL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR CASH GRANT	- BLIND		AID CODE	20		
						MON	NTHLY AVERA	GE
157 ELIGIBLES	USERS UNIT	'S OF SERVICE	EXPENDITURES	AVE:	RAGE COST	UNITS/DAYS	COST PER	COST PER
	OR	DAYS OF CARE		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	16	2,029 \$	3,588.31	\$	1.77	12.924	224.27	\$ 22.86

					1.14	014111111 114111111	ш	
157 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY:	S COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	16	2 , 029	\$ 3,588.31	\$ 1.77	12.924		\$	22.86
DURABLE MED. EQUIP.	2	5	87.25	17.45	.032	43.63		.56
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	8	88	805.12	9.15	.561	100.64		5.13
AMBULANCES/AIR TRANS	5	40	720.70	18.02	.255	144.14		4.59
OTHER TRANS	1	33	78.45	2.38	.210	78.45		.50
OTHER SERVICES	2	15	5.97	.40	.096	2.99		.04
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	3	8	146.34	18.29	.051	48.78		.93
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	4	1 , 928	2,549.60	1.32	12.280	637.40		16.24
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.013	\$ 61.00	\$.39
@XOVER EXCLUDING STATE HOSP**	20	56	\$ 434.25	\$ 7.75	.357	\$ 21.71	\$	2.77

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,529
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT - DISABLED AID CODE 60

----- MONTHLY AVERAGE -----4,417 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @TOTAL, ALL PROVIDERS 3,581 87,383 2,340,919.18 26.79 19.783 \$ 653.71 \$ 529.98 951 3,292 36.43 .745 \$ 126.12 \$ 27.15 @PHYSICIANS SERVICES 119,939.12 49.88 397 561 35.30 .127 OUTPATIENT VISITS 19,802.78 4.48 OFFICE VISITS 270 361 12,088.96 33.49 .082 44.77 2.74 .004 HOME VISITS 12 17 745.90 43.88 62.16 .17 EMERGENCY ROOM 44 55 3,229.54 58.72 .012 73.40 .73

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

	0	0		0.0		0.0	000		0.0		0.0
PREVENTIVE CARE	•	•		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	1	1		126.31		126.31	.000		126.31		.03
OTHER OUTPATIENT	97	127		3,612.07		28.44	.029		37.24		.82
INPATIENT VISITS	58	258		14,407.74		55.84	.058		248.41		3.26
HOSPITAL VISITS	54	225		10,637.78		47.28	.051		197.00		2.41
CRITICAL CARE	12	31		3,684.16		118.84	.007		307.01		.83
SNF/ICF/TRANS IP CARE	2	2		85.80		42.90	.000		42.90		.02
OPHTHALMOLOGICAL SERVICES	31	42		1,797.56		42.80	.010		57.99		.41
EXAMINATIONS	31	42		1,797.56		42.80	.010		57.99		.41
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
	30										
INPATIENT HOSPITAL SURGERY		201		15,776.06		78.49	.046		525.87		3.57
PRINCIPAL SURGEON	24	36		12,443.29		345.65	.008		518.47		2.82
ASSISTANT SURGEON	2	2		352.75		176.38	.000		176.38		.08
ANESTHESIOLOGIST	9	163		2,980.02		18.28	.037		331.11		.67
OUTPATIENT SURGERY	61	177		22,408.08		126.60	.040		367.35		5.07
PRINCIPAL SURGEON	55	84		19,864.77		236.49	.019		361.18		4.50
ASSISTANT SURGEON	1	1		244.60		244.60	.000		244.60		.06
ANESTHESIOLOGIST	14	92		2,298.71		24.99	.021		164.19		.52
DIALYSIS	11	90		2,830.02		31.44	.020		257.27		.64
PATHOLOGY	41	112		1,943.30		17.35	.025		47.40		.44
RADIOLOGY	166	311		15,768.25		50.70	.070		94.99		3.57
	0	0		•							
PSYCHIATRY				.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	33	39		867.19		22.24	.009		26.28		.20
OTHER SERVICES/ALL X-OVERS	466	1,501		24,338.14		16.21	.340		52.23		5.51
@PHARMACY	3 , 055	24,994 \$			\$		5.659	\$		\$	273.98
PRESCRIPTION DRUGS	3,020	13,340		1,178,306.20		88.33	3.020		390.17		266.77
SNF/ICF	25	179		10,499.32		58.66	.041		419.97		2.38
OUTPATIENTS	3,001	13,161		1,167,806.88		88.73	2.980		389.14		264.39
MEDICAL SUPPLIES	281	11,654		31,873.47		2.73	2.638		113.43		7.22
@DENTIST	172	769 \$			\$.174	Ś	223.92	Ś	8.72
VISITS - DIAGNOSTIC	106	452		5,951.00	т.	13.17	.102	- T	56.14	7	1.35
ORAL SURGERY	26	112		6,418.00		57.30	.025		246.85		1.45
DRUGS	0	0		.00		.00	.000		.00		.00
	6	6		600.00		100.00	.001		100.00		
ANESTHESIA	23										.14
PERIODONTICS		24		4,480.00		186.67	.005		194.78		1.01
ENDODONTICS	4	4		735.00		183.75	.001		183.75		.17
RESTORATIVE DENTISTRY	39	107		8,990.00		84.02	.024		230.51		2.04
PROSTHETICS	7	7		170.00		24.29	.002		24.29		.04
DENTURES, STAYPLATES	25	53		10,970.00		206.98	.012		438.80		2.48
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	3		125.00		41.67	.001		62.50		.03
ALL OTHER SERVICES	_ 1	1		75.00		75.00	.000		75.00		.02
#CALIF DEPT OF HEALTH SERV	-	ES AND EXPENDITURES	MON		דים חם ז			DEC		DΣ	AGE 1,530
MOP024	FEE-FOR-SERVICE		MOIN	III OF FAIMENT KE	21 01/1	. FOR OAN	2002 11110	DEC	2002	E E	01/17/03
			m	DICADIED		ATD CODE	C 0				01/1//03
COLUSA COUNTY	SUMMARI OF SERV	ICES FOR CASH GRAN	1 -	DISABLED		AID CODE		- NTM		с п	
4 445							M				
4,417 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAY				COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	87	231 \$		4,735.15	\$	20.50	.052	\$	54.43	\$	1.07
DIAGNOSTIC AND ANC. PROCED	32	32		1,490.95		46.59	.007		46.59		.34
EYE APPLIANCES	77	193		3,132.54		16.23	.044		40.68		.71
OTHER OPTOMETRIC SERVICES	4	6		111.66		18.61	.001		27.92		.03
@CHIROPRACTOR	2	3 \$		50.16	\$	16.72	.001	\$	25.08	\$.01
VISITS	2	3		50.16		16.72	.001		25.08		.01
	_	Ç		23.20		•	• • • •		_3.00		

OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	47	61	\$ 1,484.94	\$ 24.34	.014	\$ 31.59	\$.34
MEDICINE/INJECTIONS	13	14	501.04	35.79	.003	38.54	.11
SURGERY/ANES.	3	3	39.00	13.00	.001	13.00	.01
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	33	44	944.90	21.48	.010	28.63	.21
@HOME HEALTH AGENCY	40	1,066	\$ 44,472.41	\$ 41.72	.241	\$ 1111.81	\$ 10.07
NURSE ANESTHESIST	4	39	\$ 288.78	\$ 7.40	.009	\$ 72.20	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	2	3	\$ 85.20	\$ 28.40	.001	\$ 42.60	\$.02
@TOTAL HOSPITAL	1,038	5,403	\$ 527,340.82	\$ 97.60	1.223	\$ 508.04	\$ 119.39
HOSP INPATIENT TOTAL	73	368	402,137.30	1092.76	.083	5508.73	91.04
HSC HOSPITALS	19	96	102,828.51	1071.13	.022	5412.03	23.28
NON-HSC HOSPITAL TOTAL	37	161	282,392.57	1753.99	.036	7632.23	63.93
ACCOMMODATIONS	36	161	83,798.09	520.49	.036	2327.72	18.97
ADMINISTRATIVE DAYS	2	10	2,280.49	228.05	.002	1140.25	.52
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	35	151	81,517.60	539.85	.034	2329.07	18.46
ANCILLARIES	37	0	198,594.48	.00	.000	5367.42	44.96
INPATIENT CROSSOVERS	21	111	16,916.22	152.40	.025	805.53	3.83
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	1,010	5,035	125,203.52	24.87	1.140	123.96	28.35
MEDICAL	178	320	16,336.98	51.05	.072	91.78	3.70
SURGERY	41	54	3,972.53	73.57	.012	96.89	.90
PATHOLOGY	374	1,608	19,677.76	12.24	.364	52.61	4.46
RADIOLOGY	194	445	24,653.86	55.40	.101	127.08	5.58
ROOM USE	316	453	19,444.32	42.92	.103	61.53	4.40
CROSSOVERS/ALL OTH OUTPTNT	547	2,155	41,118.07	19.08	.488	75.17	9.31
@COUNTY HOSPITAL TOTAL	1	3	\$ 33.13	\$ 11.04	.001	\$ 33.13	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00

NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		33.13	11.04	.001	33.13		.01
MEDICAL	0	5		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		1.04	.00	.000	.00		.00
	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		23.21	.00	.000	.00		.01
ROOM USE	1	3		8.88	2.96		8.88		.00
CROSSOVERS/ALL OTH OUTPTNT			DEC N			.001		Б	
#CALIF DEPT OF HEALTH SERV			RES N	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	P	AGE 1,531
MOP024	FEE-FOR-SERVICE		D 7 NIM	DICADIED	ATD CODE	C O			01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR CASH G	KANT	- DISABLED	AID CODE		mii	C.D.	
4 417 51 555 56			_			MON			
4,417 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST				COST PER
0.0000000000000000000000000000000000000	1 007	OR DAYS OF CAR		505 305 60	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,037	5,400	\$	527,307.69	\$ 97.65	1.223 \$		Ş	119.38
COMM HOSP INPATIENT TOTAL	73	368		402,137.30	1092.76	.083	5508.73		91.04
HSC HOSPITALS	19	96		102,828.51	1071.13	.022	5412.03		23.28
NON-HSC HOSPITALS TOTAL	37 36	161		282,392.57	1753.99	.036	7632.23		63.93
ACCOMMODATIONS		161		83,798.09	520.49	.036	2327.72		18.97
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.002	1140.25		.52
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	35	151		81,517.60	539.85	.034	2329.07		18.46
ANCILLARIES	37	0		198,594.48	.00	.000	5367.42		44.96
INPATIENT CROSSOVERS	21	111		16,916.22	152.40	.025	805.53		3.83
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,009	5,032		125,170.39	24.87	1.139	124.05		28.34
MEDICAL	178	320		16,336.98	51.05	.072	91.78		3.70
SURGERY	41	54		3,972.53	73.57	.012	96.89		.90
PATHOLOGY	374	1,608		19,676.72	12.24	.364	52.61		4.45
RADIOLOGY	194	445		24,653.86	55.40	.101	127.08		5.58
ROOM USE	316	453		19,421.11	42.87	.103	61.46		4.40
CROSSOVERS/ALL OTH OUTPINT	546	2,152		41,109.19	19.10	.487	75.29		9.31
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	14	465	\$	55 , 764.46	\$ 119.92	.105 \$	3983.18	\$	12.62
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
TEN D DECILIAD	1 /	1 C E		EE 7C1 1C	110 00	105	2002 10		10 (0

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

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@INTERMEDIATE CARE FACIL.-DD

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REHABILITATION FACILITY
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GLABORATORY FACILITY
PATHOLOGY
COLUNIC CLINIC CLINIC CLINIC CLINIC CREATER 1,441 \$ 114,738.12 \$ 79.62 .326 \$ 131.73 \$ 25.98
CLINIC 22 44 6,331.03 143.89 .010 287.77 1.43
SURGICENTER BURS SURCICE SURCIC
HEROIN DETOX CLINIC
RURAL HEALTH CLINIC #64
#CALIF DEPT OF HEALTH SERV MOPO24 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,532 O1/17/03
MOPO24
COLUSA COUNTY
4,417 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE @ALL OTHER PROVIDERS 707 47,811 \$ 117,848.29 \$ 2.46 10.824 \$ 166.69 \$ 26.68 DURABLE MED. EQUIP. 82 233 20,341.39 87.30 .053 248.07 4.61 BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 9 16 .73 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 0 0 0 0.00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00
4,417 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER PER UNIT/DAY PER ELIG COST PER ELIGIBLE @ALL OTHER PROVIDERS 707 47,811 \$ 117,848.29 \$ 2.46 10.824 \$ 166.69 \$ 26.68 \$ 26.68 DURABLE MED. EQUIP. 82 233 20,341.39 87.30 .053 248.07 4.61 \$ 248.07 4.61 BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 9 16 1,114.41 69.65 .004 123.82 .25 .25 MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 .4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 .07 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 .310 1.00 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00 .00
OR DAYS OF CARE @ALL OTHER PROVIDERS 707 47,811 \$ 117,848.29 \$ 2.46 10.824 \$ 166.69 \$ 26.68 DURABLE MED. EQUIP. 82 233 20,341.39 87.30 .053 248.07 4.61 BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 9 16 1,114.41 69.65 .004 123.82 .25 MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00
@ALL OTHER PROVIDERS 707 47,811 \$ 117,848.29 \$ 2.46 10.824 \$ 166.69 \$ 26.68 DURABLE MED. EQUIP. 82 233 20,341.39 87.30 .053 248.07 4.61 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 9 16 1,114.41 69.65 .004 123.82 .25 MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CA
DURABLE MED. EQUIP. 82 233 20,341.39 87.30 .053 248.07 4.61 BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 9 16 1,114.41 69.65 .004 123.82 .25 MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00
BLOOD BANK 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
HEARING AID DISPENSERS 9 16 1,114.41 69.65 .004 123.82 .25 MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00
MEDICAL TRANSPORTATION 83 6,273 28,580.67 4.56 1.420 344.35 6.47 AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00
AMBULANCES/AIR TRANS 48 350 8,697.08 24.85 .079 181.19 1.97 OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 0 .00 .00 .00 .00 .00
OTHER TRANS 24 5,577 13,707.15 2.46 1.263 571.13 3.10 OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00
OTHER SERVICES 17 346 6,176.44 17.85 .078 363.32 1.40 ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00
ACUPUNCTURE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00 .00
ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 .00
GENETIC DISEASE TESTING 0 0 .00 .00 .00 .00 .00 .00
IHMC, MODEL-NF, NF, AIDS, MSSP 2 7 1,298.35 185.48 .002 649.18 .29
OCCUPATIONAL THERAPIST 0 0 .00 .00 .00 .00 .00 .00
OPTICIAN 105 226 4,264.96 18.87 .051 40.62 .97
PHYSICAL THERAPIST 0 0 .00 .00 .00 .00 .00
PORTABLE X-RAY 0 0 .00 .00 .00 .00 .00 .00
PROSTHETIST/ORTHOTISTS 19 54 5,951.84 110.22 .012 313.25 1.35
PROSTHETICS 19 54 5,951.84 110.22 .012 313.25 1.35
ORTHOTICS 0 0 .00 .00 .00 .00 .00
PSYCHOLOGIST 0 0 .00 .00 .00 .00 .00
SPEECH AND AUDIOLOGY 15 65 2,784.18 42.83 .015 185.61 .63
HOSPICE SERVICES 2 39 5,129.71 131.53 .009 2564.86 1.16

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

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NONINST BIRTHING CENTERS

LOCAL EDUCATION AGENCIES

RESPIRATORY CARE PRACT.

ALL OTHER PROVIDERS

EPSDT SUPPLEMENTAL SERVICE

PED SUBACUTE REHAB/WEANING

@CALIF. CHILDREN SERVICES*

@XOVER EXCLUDING STATE HOSP**

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,533
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

0

6,895

0

0

0

34,003

576

7,592

6,949 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE

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17,452.43

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.130 \$ 1508.21 \$

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7.00

16.73

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^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

_											
@TOTAL, ALL PROVIDERS	3,450	16,330	\$	769,715.81			2.350		223.11		110.77
@PHYSICIANS SERVICES	652	1,897	\$	77,924.84			.273		119.52	Ş	11.21
OUTPATIENT VISITS	429	541		18,143.80		33.54	.078		42.29		2.61
OFFICE VISITS	299	368		11,599.00		31.52	.053		38.79		1.67
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	41	42		2,021.42		48.13	.006		49.30		.29
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	18	33		2,446.13		74.13	.005		135.90		.35
OTHER OUTPATIENT	82	98		2,077.25		21.20	.014		25.33		.30
INPATIENT VISITS	32	73		3,847.32		52.70	.011		120.23		.55
HOSPITAL VISITS	32	70		3,157.65		45.11	.010		98.68		.45
CRITICAL CARE	2	3		689.67		229.89	.000		344.84		.10
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	7	8		401.05		50.13	.001		57.29		.06
EXAMINATIONS	7	8		401.05		50.13	.001		57.29		.06
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	35	125		24,789.56		198.32	.018		708.27		3.57
PRINCIPAL SURGEON	27	31		21,639.22		698.04	.004		801.45		3.11
ASSISTANT SURGEON	6	6		1,053.23		175.54	.001		175.54		.15
ANESTHESIOLOGIST	8	88		2,097.11		23.83	.013		262.14		.30
OUTPATIENT SURGERY	85	267		16,687.39		62.50	.038		196.32		2.40
PRINCIPAL SURGEON	68	120		12,897.32		107.48	.017		189.67		1.86
ASSISTANT SURGEON	3	3		514.49		171.50	.000		171.50		.07
ANESTHESIOLOGIST	21	144		3,275.58		22.75	.021		155.98		.47
DIALYSIS	3	38		711.52		18.72	.005		237.17		.10
PATHOLOGY	54	73		1,070.32		14.66	.011		19.82		.15
RADIOLOGY	112	158		6,479.47		41.01	.023		57.85		.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	15		159.17		10.61	.002		17.69		.02
OTHER SERVICES/ALL X-OVERS	70	599		5,635.24		9.41	.086		80.50		.81
@PHARMACY	1,700	4,581	\$	162,100.70			.659		95.35	\$	23.33
PRESCRIPTION DRUGS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
MEDICAL SUPPLIES	49	1,098		4,598.70		4.19	.158		93.85		.66
@DENTIST	221	1,051	\$	38,723.00			.151		175.22	\$	5.57
VISITS - DIAGNOSTIC	158	606		10,008.00		16.51	.087		63.34		1.44
ORAL SURGERY	36	105		5,732.00		54.59	.015		159.22		.82
DRUGS	9	9		210.00		23.33	.001		23.33		.03
ANESTHESIA	5	5		500.00		100.00	.001		100.00		.07
PERIODONTICS	1	_ 1		200.00		200.00	.000		200.00		.03
ENDODONTICS	20	54		5,017.00		92.91	.008		250.85		.72
RESTORATIVE DENTISTRY	72	231		12,523.00		54.21	.033		173.93		1.80
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	6		1,119.00		186.50	.001		559.50		.16
SPACE MAINTAINERS	8	11		999.00		90.82	.002		124.88		.14
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1				1200.00			1200.00		.17
ORTHODONTIC SERVICES	15	18		1,140.00		63.33	.003		76.00		.16
ALL OTHER SERVICES	3	3		75.00		25.00	.000		25.00	_	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		rs M	ONTH-OF-PAYMENT	KEPC	KT FOR JAN	∠UU2 THRU	DEC	2002	PΙ	AGE 1,534
MOP024	FEE-FOR-SERVICE/DENTA		22 2	E 20 40 40 27 2:		20 211 211 42	3 46				01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	UK CGF 30-	33 J	5 38 40 42 3A-3M	1 3 P	3K 3U 3W 40		MONTE	UIV AUEDA	C F	

6,949 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

@OPTOMETRIST	92	225	\$	5,421.29	\$	24.09	.032	\$ 58.93	\$.78
DIAGNOSTIC AND ANC. PROCED	67	67		3,072.97		45.87	.010	45.87		. 44
EYE APPLIANCES	62	157		2,336.91		14.88	.023	37.69		.34
OTHER OPTOMETRIC SERVICES	1	1		11.41		11.41	.000	11.41		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000		\$.00
VISITS	0	Ō		.00	'	.00	.000	.00	'	.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	9	12	\$	581.00	\$	48.42	.002		Ś	.08
MEDICINE/INJECTIONS	8	10	Υ	277.20	۲	27.72	.001	34.65	۲	.04
SURGERY/ANES.	1	2		303.80		151.90	.000	303.80		.04
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
	0	0		.00						.00
OTHER	15		Ċ		Ċ	.00	.000	.00	Ċ	
@HOME HEALTH AGENCY		42	Ş	2,712.74	\$	64.59	.006		\$.39
NURSE ANESTHESIST	15	87	Ş	1,542.80	\$	17.73	.013	\$ 102.85	\$.22
NURSE MIDWIFE	2	2	Ş	1,133.92	\$	566.96		\$ 566.96	\$.16
PEDIATRIC NURSE PRACTITIONER	0	0	Ş	.00	\$.00	.000		\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	832	3,823	\$	265,740.44	\$	69.51	.550		\$	38.24
HOSP INPATIENT TOTAL	41	140		158,104.09		1129.31	.020	3856.20		22.75
HSC HOSPITALS	5	20		24,662.02		1233.10	.003	4932.40		3.55
NON-HSC HOSPITAL TOTAL	36	120		133,442.07		1112.02	.017	3706.72		19.20
ACCOMMODATIONS	36	120		35,645.60		297.05	.017	990.16		5.13
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	36	120		35,645.60		297.05	.017	990.16		5.13
ANCILLARIES	36	0		97,796.47		.00	.000	2716.57		14.07
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	817	3,683		107,636.35		29.23	.530	131.75		15.49
MEDICAL	388	498		25,865.18		51.94	.072	66.66		3.72
SURGERY	73	94		6,000.87		63.84	.014	82.20		.86
PATHOLOGY	441	1,171		14,152.54		12.09	.169	32.09		2.04
RADIOLOGY	260	532		20,283.84		38.13	.077	78.01		2.92
ROOM USE	597	742		30,253.95		40.77	.107	50.68		4.35
CROSSOVERS/ALL OTH OUTPINT	353	646		11,079.97		17.15	.093	31.39		1.59
@COUNTY HOSPITAL TOTAL	4		\$	•	\$				ċ	
		16	P	403.34	Þ	25.21	.002		Þ	.06
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS		0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0			.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	4	16		403.34		25.21	.002	100.84		.06
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	1	5		54.63		10.93	.001	54.63		.01
RADIOLOGY	1	1		24.02		24.02	.000	24.02		.00
ROOM USE	3	3		129.05		43.02		43.02		.02
CROSSOVERS/ALL OTH OUTPTNT	4	7		195.64		27.95	.001			.03
	MEDI-CAL SERVICES AN	ND EXPENDITU	IRES N						P	AGE 1,535
MOP024	FEE-FOR-SERVICE/DENT									01/17/03
COLUCA COUNTRY	CHMMARY OF CERTIFIER		1 22 3	25 20 40 42 27 2M	3 D 3	ח אנו אנו	10			,,

FEE-FOR-SERVICE/DENTAL
SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

COLUSA COUNTY

						MO	NTHLY AVERA	GE	
6,949 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	828	3,807	\$	265,337.10	\$ 69.70	.548	\$ 320.46	\$	38.18
COMM HOSP INPATIENT TOTAL	41	140		158,104.09	1129.31	.020	3856.20		22.75
HSC HOSPITALS	5	20		24,662.02	1233.10	.003	4932.40		3.55
NON-HSC HOSPITALS TOTAL	36	120		133,442.07	1112.02	.017	3706.72		19.20
ACCOMMODATIONS	36	120		35,645.60	297.05	.017	990.16		5.13
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	36	120		35,645.60	297.05	.017	990.16		5.13
ANCILLARIES	36	0		97,796.47	.00	.000	2716.57		14.07
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	813	3 , 667		107,233.01	29.24	.528	131.90		15.43
MEDICAL	388	498		25,865.18	51.94	.072	66.66		3.72
SURGERY	73	94		6,000.87	63.84	.014	82.20		.86
PATHOLOGY	440	1,166		14,097.91	12.09	.168	32.04		2.03
RADIOLOGY	259	531		20,259.82	38.15	.076	78.22		2.92
ROOM USE	594	739		30,124.90	40.76	.106	50.72		4.34
CROSSOVERS/ALL OTH OUTPTNT	349	639		10,884.33	17.03	.092	31.19		1.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00

0 .00 .00 .00 .00		0	0	ICF DDH
0 .00 .00 .00 .00		0	0	ICF DD
0 .00 .00 .00 .00		0	0	ICF DDN/DDCN
232 \$ 7,800.41 \$ 33.62 .033 \$ 1560.08 \$ 1.12	\$	232	5	@HEMODIALYSIS TOTAL
0 .00 .00 .00 .00		0	0	HOSPITAL BASED
232 7,800.41 33.62 .033 1560.08 1.12		232	5	HEMODIALYSIS CENTER
0 \$.00 \$.00 \$.00 \$.00	\$	0	0	@REHABILITATION FACILITY
0 .00 .00 .00 .00		0	0	HOSPITAL BASED
0 .00 .00 .00 .00		0	0	INDEPENDENT FACILITY
436 \$ 7,213.81 \$ 16.55 .063 \$ 39.64 \$ 1.04	\$	436	182	@LABORATORY FACILITY
436 7,213.81 16.55 .063 39.64 1.04		436	182	PATHOLOGY
0 .00 .00 .00 .00		0	0	XO AND OTHERS
2,140 \$ 168,744.57 \$ 78.85 .308 \$ 119.93 \$ 24.28	\$ 16	2,140	1,407	@ORGANIZED OUTPATIENT CLINIC
91 2,461.95 27.05 .013 68.39 .35		91	36	CLINIC
112 3,841.38 34.30 .016 256.09 .55		112	15	SURGICENTER
0 .00 .00 .00 .00		0	0	HEROIN DETOX CLINIC
, ·	16	1,937	1,364	RURAL HEALTH CLINIC
EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,536	RES MONTH-OF-			#CALIF DEPT OF HEALTH SERV
			FEE-FOR-SERVICE/DENT	MOP024
0 .00 .00 .000 .000 .00 .00 .00 .00 .00	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	0 232 0 0 0 436 436 0 2,140 91 112 0 1,937 AND EXPENDITU	182 0 1,407 36 15 0 1,364 MEDI-CAL SERVICES AN FEE-FOR-SERVICE/DENT	HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY HOSPITAL BASED INDEPENDENT FACILITY @LABORATORY FACILITY PATHOLOGY XO AND OTHERS @ORGANIZED OUTPATIENT CLINIC CLINIC SURGICENTER HEROIN DETOX CLINIC RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV

COLUSA COUNTY SUMMARY OF SERVICES FOR CGF 30-33 35 38 40 42 3A-3M 3P 3R 3U 3W 4C-4G

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6,949 ELIGIBLES	USERS	UNITS OF SERVIC	יחי	EADEME	ITURES	7/ 7/ 77	DACE COCE	UNITS/DAYS		nli Avera COST PER	_	T PER
0,949 ELIGIBLES	USERS	OR DAYS OF CAR		EAPENL	TIOKES		UNIT/DAY		> '	USER		GIBLE
@ALL OTHER PROVIDERS	271	1,802	\L \$	20	076.29		16.69	.259	ċ			4.33
	12	•	Ą			Ą	64.71		Ą	10.96	ې	
DURABLE MED. EQUIP.	12	20		⊥,	294.16			.003				.19
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	1	1		1.0	25.00		25.00	.000		25.00		.00
MEDICAL TRANSPORTATION	31	560		•	249.08		23.66	.081		427.39		1.91
AMBULANCES/AIR TRANS	31	555		7,	825.36		14.10	.080		252.43		1.13
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	5	5		5,	423.72		1084.74	.001		1084.74		.78
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	1	10			665.40		66.54	.001		665.40		.10
GENETIC DISEASE TESTING	16	16		1,	041.00		65.06	.002		65.06		.15
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00		.00	.000		.00		.00
OPTICIAN	77	182		1,	736.55		9.54	.026		22.55		.25
PHYSICAL THERAPIST	0	0			.00		.00	.000		.00		.00
PORTABLE X-RAY	0	0			.00		.00	.000		.00		.00
PROSTHETIST/ORTHOTISTS	3	5			343.65		68.73	.001		114.55		.05
PROSTHETICS	3	5			343.65		68.73	.001		114.55		.05
ORTHOTICS	0	0			.00		.00	.000		.00		.00
PSYCHOLOGIST	1	2			208.94		104.47	.000		208.94		.03
SPEECH AND AUDIOLOGY	2	4			179.12		44.78	.001		89.56		.03
HOSPICE SERVICES	0	0			.00		.00	.000		.00		.00
NONINST BIRTHING CENTERS	0	0			.00		.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	131	1,002		11,	333.39		11.31	.144		86.51		1.63
EPSDT SUPPLEMENTAL SERVICE	0	. 0		,	.00		.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00		.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00		.00	.000		.00		.00
ALL OTHER PROVIDERS	0	0			.00		.00	.000		.00		.00
@CALIF. CHILDREN SERVICES*	19	167	Ś	26.	146.51	\$			\$	1376.13	\$	3.76
@XOVER EXCLUDING STATE HOSP**		107	Ś	20,	.00	Ś	.00	.000	Ś	.00	\$.00
			Y T III D M	ONIT	.00	~	• • • •	. 0 0 0	Υ	• • • •	7	• 0 0

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,537 MOP024 FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

			-			M	ONTH	ILY AVERA	GE	
13,592 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAY	s c	COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	8,609 1,890	124,582	5	3,660,125.28	\$ 29.38	9.166	\$	425.15	\$	269.29
@PHYSICIANS SERVICES	1,890	5 , 974 \$	5	212,807.28	\$ 35.62	.440	\$	112.60	\$	15.66
OUTPATIENT VISITS	850	1,141		39,280.13	34.43	.084		46.21		2.89
OFFICE VISITS	591	757		24,646.90	32.56	.056		41.70		1.81
HOME VISITS	12	17		745.90	43.88	.001		62.16		.05
EMERGENCY ROOM	88	101		5,500.61	54.46	.007		62.51		.40
PREVENTIVE CARE	0	0		.00	.00	.000		.00		.00
OB VISITS/COMPRE PERI	19	34		2,572.44	75.66	.003		135.39		.19
OTHER OUTPATIENT	185	232		5,814.28	25.06	.017		31.43		.43
INPATIENT VISITS	94	338		18,683.96	55.28	.025		198.77		1.37
HOSPITAL VISITS	89	300		14,043.83	46.81	.022		157.80		1.03
CRITICAL CARE	15	36		4,554.33	126.51	.003		303.62		.34
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.000		42.90		.01
OPHTHALMOLOGICAL SERVICES	42	55		2,419.64	43.99	.004		57.61		.18
EXAMINATIONS	42	55		2,419.64	43.99	.004		57.61		.18
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	66	327		40,648.27	124.31	.024		615.88		2.99
PRINCIPAL SURGEON	52	68		34,165.16	502.43	.005		657.02		2.51
ASSISTANT SURGEON	8	8		1,405.98	175.75	.001		175.75		.10
ANESTHESIOLOGIST	17	251		5,077.13	20.23	.018		298.65		.37
OUTPATIENT SURGERY	149	455		41,903.50	92.10	.033		281.23		3.08
PRINCIPAL SURGEON	126	207		35,163.80	169.87	.015		279.08		2.59
ASSISTANT SURGEON	5	5		991.41	198.28	.000		198.28		.07
ANESTHESIOLOGIST	36	243		5,748.29	23.66	.018		159.67		.42
DIALYSIS	14	128		3,541.54	27.67	.009		252.97		.26
PATHOLOGY	98	189		3,163.28	16.74	.014		32.28		.23
RADIOLOGY	284	478		22,673.01	47.43	.035		79.83		1.67
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	43	55		1,040.12	18.91	.004		24.19		.08
OTHER SERVICES/ALL X-OVERS	803	2,808		39,453.83	14.05	.207		49.13		2.90
@PHARMACY	6,146	40,868 \$	5	1,740,624.03	\$ 42.59	3.007	\$	283.21	\$	128.06
PRESCRIPTION DRUGS	6,073	21,715		1,691,337.35	77.89	1.598	·	278.50		124.44
SNF/ICF	34	217		11,679.33	53.82	.016		343.51		.86
OUTPATIENTS	6,047	21,498		1,679,658.02	78.13	1.582		277.77		123.58
MEDICAL SUPPLIES	450	19,153		49,286.68	2.57	1.409		109.53		3.63
@DENTIST	439	2,014	5	88,513.00	\$ 43.95	.148	\$	201.62	\$	6.51
VISITS - DIAGNOSTIC	296	1,176		17,467.00	14.85	.087	·	59.01		1.29
ORAL SURGERY	66	233		12,866.00	55.22	.017		194.94		.95
DRUGS	9	9		210.00	23.33	.001		23.33		.02
ANESTHESIA	11	11		1,100.00	100.00	.001		100.00		.08
PERIODONTICS	28	29		5,190.00	178.97	.002		185.36		.38
ENDODONTICS	27	63		6 , 987.00	110.90	.005		258.78		.51
RESTORATIVE DENTISTRY	127	375		25,685.00	68.49	.028		202.24		1.89
PROSTHETICS	8	8		170.00	21.25	.001		21.25		.01
DENTURES, STAYPLATES	34	73		15,224.00	208.55	.005		447.76		1.12
SPACE MAINTAINERS	8	11		999.00	90.82	.001		124.88		.07
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000		1200.00		.09
ORTHODONTIC SERVICES	17	21		1,265.00	60.24	.002		74.41		.09
ALL OTHER SERVICES	4	4		150.00	37.50	.000		37.50		.01

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,538

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR CASH GRANT

COLOGA COUNTI	SOMMAN OF SERV	MONTHLY AVERAGE									
13,592 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVI	ERAGE COST					COST PER
•		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	213	537	\$	11,507.15	\$	21.43	.040	\$	54.02	\$.85
DIAGNOSTIC AND ANC. PROCED	104	104		4,722.42		45.41	.008		45.41		.35
EYE APPLIANCES	165	419		6,593.89		15.74	.031		39.96		.49
OTHER OPTOMETRIC SERVICES	8	14		190.84		13.63	.001		23.86		.01
@CHIROPRACTOR	2	3	\$	50.16	\$	16.72	.000	\$	25.08	\$.00
VISITS	2	3		50.16		16.72	.000		25.08		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0 113	137	\$	2,627.87	\$	19.18	.010	\$	23.26	\$.19
MEDICINE/INJECTIONS	21	24		778.24		32.43	.002		37.06		.06
SURGERY/ANES.	4	5		342.80		68.56	.000		85.70		.03
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	90	108		1,506.83		13.95	.008		16.74		.11
@HOME HEALTH AGENCY	55 20	1,108	\$		\$.082	\$	857.91	\$	3.47
NURSE ANESTHESIST	20	135	\$	1,855.15		13.74	.010	\$		\$.14
NURSE MIDWIFE	2	2	\$		\$	566.96	.000			\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		.00		.00
FAMILY NURSE PRACTITIONER	2	3	\$	0 = 0 0	\$	28.40	.000		42.60		.01
@TOTAL HOSPITAL	2,203	10,806	\$	060 150 60	خ	00 12	.795				63.95
HOSP INPATIENT TOTAL	145	661	т	613,559.11	-T	928 23	.049	4	4231.44	7	45.14
HSC HOSPITALS	27	124		135,684.42		1094.23	.009		5025.35		9.98
NON-HSC HOSPITAL TOTAL	76	304		440,624.42		928.23 1094.23 1449.42	.022		5797.69		32.42
ACCOMMODATIONS	74	304		132,124.46		434.62	.022		1785.47		9.72
ADMINISTRATIVE DAYS	2	10		2,280.49		228.05	.001		1140.25		.17
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	73	294		129,843.97		441.65	.022		1778.68		9.55
ANCILLARIES	76	0		308,499.96		.00	.000		4059.21		22.70
INPATIENT CROSSOVERS	46	233		37,250.27		159.87	.017		809.79		2.74
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,145	10,145		255,591.58		25.19	.746		119.16		18.80
MEDICAL	580	874		44,952.22		51.43	.064		77.50		3.31
SURGERY	116	150		10,099.15		67.33	.011		87.06		.74
PATHOLOGY		2,926		35,392.40		12.10	.215		42.28		2.60
RADIOLOGY	837 467 938	1,017		46,874.40		46.09	.075		100.37		3.45
ROOM USE	938	1,249		51,953.81		41.60	.073		55.39		3.82
CROSSOVERS/ALL OTH OUTPINT	1,202	3,929		66,319.60		16.88	.289		55.17		4.88
@COUNTY HOSPITAL TOTAL	1,202	21	\$	2,210.36	Ċ	105.26		Ċ	368.39	Ċ	.16
CO HOSPITAL INPATIENT TOTAL		2	Ą	1,773.89	Ą	886.95	.002	Ą	1773.89	Ą	.13
HSC HOSPITALS	1	2		1,773.89		886.95	.000		1773.89		.13
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0									
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT				.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5 0	19		436.47		22.97	.001		87.29		.03
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0 1			.00		.00	.000		.00		.00
PATHOLOGY	Ţ	5		55.67		11.13	.000		55.67		.00

RADIOLOGY	1	1	24.02	24.02	.000	24.02	.00
ROOM USE	3	3	152.26	50.75	.000	50.75	.01
CROSSOVERS/ALL OTH OUTPY	INT 5	10	204.52	20.45	.001	40.90	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURES	MONTH-OF-PAYMENT REPORT	r for jan	2002 THRU DEC	2002	PAGE 1,539
MOP024	FEE-FOR-SERVIC	E/DENTAL					01/17/03

COLUSA COUNTY	CIMMADA UE CEDA	E/DENTAL VICES FOR CASH GRA	NT						01/11/03
COLOSA COUNTI	SUMMARI OF SER	VICES FOR CASH GRA	TIN T			MON	תחות אוובטא	CF	
13,592 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				COST PER
13,392 EDIGIBLES	ODENO	OR DAYS OF CARE		EXFENDITORES	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2 107		\$	866,940.33	\$ 80.38	.793 \$			63.78
COMM HOSP INPATIENT TOTAL	2,197 144	659	Y	611,785.22	928.35	.048	4248.51	٧	45.01
HSC HOSPITALS	26	122		133,910.53	1097.63	.009	5150.41		9.85
NON-HSC HOSPITALS TOTAL	76 74	304		440,624.42	1449.42	.022	5797.69		32.42
ACCOMMODATIONS	74	304		132,124.46	434.62	.022	1785.47		9.72
ADMINISTRATIVE DAYS	74	10		2,280.49	228.05	.001	1140.25		.17
TRANSITIONAL IP CARE	2	0		2,200.49	.00	.000	.00		.00
ALL OWIED ACCOM	74 2 0 73 76	294			441.65		1778.68		9.55
ALL OTHER ACCOM ANCILLARIES	76	294		129,843.97 308,499.96	.00	.022	4059.21		22.70
ANCILLARIES	46	233		37,250.27	159.87	.017	809.79		2.74
INPATIENT CROSSOVERS	46	233							
ALL OTHER INPATIENT		· · · · · · · · · · · · · · · · · · ·		.00 255,155.11	.00 25.20	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	2,140 580	10 , 126 874		44,952.22	51.43	.745	119.23 77.50		18.77 3.31
MEDICAL	116	150				.064			3.31 .74
SURGERY	836			10,099.15	67.33	.011	87.06		2.60
PATHOLOGY	836	2,921		35,336.73	67.33 12.10 46.11	.215	42.27 100.54		
RADIOLOGY	466 935	1,016		46,850.38					3.45
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	935	1,246		51,801.55	41.57	.092	55.40		3.81
		3,919	~	66,115.08	16.87	.288	55.23	<u> </u>	4.86
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	~	.00	.00	.000	.00	<u> </u>	.00
@NURSING FACILITY	21	685	\$	79,918.09	\$ 116.67	·	3805.62	Ş	5.88
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0 0 21 12	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	21	685	_	79,918.09	116.67	.050	3805.62	_	5.88
@INTERMEDIATE CARE FACILDD	12	364	\$	54,297.88	\$ 149.17		4524.82	Ş	3.99
ICF DDH	12	364		54,297.88	149.17	.027	4524.82		3.99
ICF DD	Ü	0		.00	.00	.000	.00		.00
LEV B-REGULAR @INTERMEDIATE CARE FACILDD	0	0		.00	.00	.000	.00		.00
GHEMODIALYSIS TOTAL	/3	1,233	\$	57,646.14	\$ 46.75	.091 \$		Ş	4.24
HOSPITAL BASED	U	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	/3	1,233		57,646.14	46.75	.091	789.67		4.24
@REHABILITATION FACILITY	2	16	\$	296.51	\$ 18.53	.001 \$		Ş	.02
HOSPITAL BASED	2	16		296.51	18.53	.001	148.26		.02
INDEPENDENT FACILITY	0	0	_	.00	.00	.000	.00	_	.00
@LABORATORY FACILITY	343	916	\$	14,699.81	\$ 16.05	.067 \$		Ş	1.08
PATHOLOGY	339	910		14,651.80	16.10	.067	43.22		1.08
XO AND OTHERS	4	6	_	48.01	8.00	.000	12.00	_	.00
@ORGANIZED OUTPATIENT CLINIC	•	3,976	\$	300,979.35	•	.293 \$		Ş	22.14
CLINIC	60	139		8,834.52	63.56	.010	147.24		.65
SURGICENTER	21	119		5,044.14	42.39	.009	240.20		.37
HEROIN DETOX CLINIC	0	0		.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	2,477	3,718		287,100.69	77.22	.274	115.91		21.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITURE	S M	ONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	Р	AGE 1,540

COLOSA COUNTI	SOMMANI OF SEN	VICES FOR CASH GRANT					
					MON	THLY AVERA	GE
13,592 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,190	55 , 805 \$	176 , 747.90	\$ 3.17	4.106 \$	148.53	\$ 13.00
DURABLE MED. EQUIP.	101	264	22,248.34	84.27	.019	220.28	1.64
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	17	24	2,685.78	111.91	.002	157.99	.20
MEDICAL TRANSPORTATION	143	8 , 794	52 , 279.99	5.94	.647	365.59	3.85
AMBULANCES/AIR TRANS	84	945	17,243.14	18.25	.070	205.28	1.27
OTHER TRANS	36	7 , 375	21,816.54	2.96	.543	606.02	1.61
OTHER SERVICES	34	474	13,220.31	27.89	.035	388.83	.97
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.001	665.40	.05
GENETIC DISEASE TESTING	16	16	1,041.00	65.06	.001	65.06	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	6	45	3,003.35	66.74	.003	500.56	.22
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	225	508	7,445.03	14.66	.037	33.09	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	25	65	6,561.79	100.95	.005	262.47	.48
PROSTHETICS	25	65	6,561.79	100.95	.005	262.47	.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	208.94	104.47	.000	208.94	.02
SPEECH AND AUDIOLOGY	21	75	3,076.55	41.02	.006	146.50	.23
HOSPICE SERVICES	3	40	5,129.71	128.24	.003	1709.90	.38
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	175	9,825	31,335.42	3.19	.723	179.06	2.31
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	518	36,135	41,023.35	1.14	2.659	79.20	3.02
@CALIF. CHILDREN SERVICES*	69	745	\$ 100,109.74	\$ 134.38	.055	\$ 1450.87	\$ 7.37
@XOVER EXCLUDING STATE HOSP**	1,538	10,814	\$ 167,180.24	\$ 15.46	.796	\$ 108.70	\$ 12.30

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,541
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOPU24	FEE-FOR-SERVIC							01/1//03
COLUSA COUNTY	SUMMARY OF SER	ICES FOR 185%	PROGRAM	1 - INFANTS	AID CODES 47	69		
						MON	NTHLY AVERA	GE
981 ELIGIBLES	USERS	UNITS OF SERV	ICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CA	ARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	509	1,864	\$	144,954.50	\$ 77.77	1.900	284.78	\$ 147.76
@PHYSICIANS SERVICES	212	475	\$	20,465.47	\$ 43.09	.484	96.54	\$ 20.86
OUTPATIENT VISITS	191	275		7,545.73	27.44	.280	39.51	7.69
OFFICE VISITS	143	199		5,599.58	28.14	.203	39.16	5.71
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	16	19		796.62	41.93	.019	49.79	.81
PREVENTIVE CARE	1	1		45.33	45.33	.001	45.33	.05
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	38	56		1,104.20	19.72	.057	29.06	1.13
INPATIENT VISITS	8	74		9,883.64	133.56	.075	1235.46	10.08
	4	11			46.45	.011	127.74	.52
HOSPITAL VISITS	4	63		510.95				
CRITICAL CARE	0			9,372.69	148.77	.064	1874.54	9.55
SNF/ICF/TRANS IP CARE	3	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	_	7		323.52	46.22	.007	107.84	.33
EXAMINATIONS	3	7		323.52	46.22	.007	107.84	.33
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1		256.89	256.89	.001	256.89	.26
PRINCIPAL SURGEON	1	1		256.89	256.89	.001	256.89	.26
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	2	5		161.58	32.32	.005	80.79	.16
PRINCIPAL SURGEON	1	1		17.00	17.00	.001	17.00	.02
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	4		144.58	36.15	.004	144.58	.15
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	12	22		129.06	5.87	.022	10.76	.13
RADIOLOGY	15	44		817.79	18.59	.045	54.52	.83
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3		36.98	12.33	.003	12.33	.04
OTHER SERVICES/ALL X-OVERS	24	44		1,310.28	29.78	.045	54.60	1.34
@PHARMACY	306	623	\$	17,500.05	\$ 28.09	.635		
PRESCRIPTION DRUGS	297	603	Τ	17,275.09	28.65	.615	58.17	17.61
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	297	603		17,275.09	28.65	.615	58.17	17.61
MEDICAL SUPPLIES	16	20		224.96	11.25	.020	14.06	.23
	0	0	\$.00	\$.00	.000		
@DENTIST	0	0	Ą					
VISITS - DIAGNOSTIC	-	•		.00	.00	.000	.00	.00
ORAL SURGERY	0	0		.00	.00	.000	.00	.00
DRUGS	•	0		.00	.00	.000	.00	.00
ANESTHESIA	0	0		.00	.00	.000	.00	.00
PERIODONTICS	0	0		.00	.00	.000	.00	.00
ENDODONTICS	0	0		.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MONT	H-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,542
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICE	ES FOR 185% PROGRAM -	INFANTS	AID CODES 47	69		
					MON	THLY AVERAG	GE
981 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00

							M	ONT	THLY AVERA	GE.	
981 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV:	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0	0	Ψ	.00	т	.00	.000	~	.00	Τ.	.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	4	5	ċ	284.84	ċ	56.97	.005	ċ	71.21	\$.29
NURSE ANESTHESIST	4	0	\$	284.84	\$ \$.00	.005	\$.00	\$.00
	0	0	\$		۶ \$						
NURSE MIDWIFE	0	0	\$ \$.00	> \$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$ \$					\$.00	\$	
FAMILY NURSE PRACTITIONER	•	ŭ		.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	132	529	\$		Ş	174.80	.539	Ş	700.53	\$	94.26
HOSP INPATIENT TOTAL	3	61		79,814.56		1308.44	.062		26604.85		81.36
HSC HOSPITALS	1	55		74,850.00		1360.91	.056		74850.00		76.30
NON-HSC HOSPITAL TOTAL	2	6		4,964.56		827.43	.006		2482.28		5.06
ACCOMMODATIONS	2	6		1,531.20		255.20	.006		765.60		1.56
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		1,531.20		255.20	.006		765.60		1.56
ANCILLARIES	2	0		3,433.36		.00	.000		1716.68		3.50
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	130	468		12,655.35		27.04	.477		97.35		12.90
MEDICAL	63	89		3,669.27		41.23	.091		58.24		3.74
SURGERY	2	2		74.05		37.03	.002		37.03		.08
PATHOLOGY	69	110		1,202.55		10.93	.112		17.43		1.23
RADIOLOGY	31	62		1,986.15		32.03	.063		64.07		2.02
ROOM USE	106	138		4,883.81		35.39	.141		46.07		4.98
CROSSOVERS/ALL OTH OUTPINT	57	67		839.52		12.53	.068		14.73		.86
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	·	.00	·	.00	.000		.00	·	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
VIACTURVITED	U	O		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
	0		0									
ROOM USE	U		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		ENDITU	RES MONT	'H-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	PΖ	AGE 1,543
MOP024	FEE-FOR-SERVICE/	DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR	185% P	ROGRAM -	INFANTS	AID	CODES 47	69				
								Mo	ONT	HLY AVERA	GE -	
981 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER	(COST PER
		OR DAYS	OF CAR	E		PER	UNIT/DAY	PER ELIG		USER	Ι	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	132		529	\$	92,469.91		174.80	.539		700.53		94.26
COMM HOSP INPATIENT TOTAL	3		61	т	79,814.56		1308.44	.062		26604.85	т.	81.36
HSC HOSPITALS	1		55		74,850.00		1360.91	.056		74850.00		76.30
	1		6					.006				5.06
NON-HSC HOSPITALS TOTAL	2		6		4,964.56		827.43			2482.28		
ACCOMMODATIONS	2		6		1,531.20		255.20	.006		765.60		1.56
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		6		1,531.20		255.20	.006		765.60		1.56
ANCILLARIES	2		0		3,433.36		.00	.000		1716.68		3.50
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	130		468		12,655.35		27.04	.477		97.35		12.90
MEDICAL	63		89		3,669.27		41.23	.091		58.24		3.74
SURGERY	2		2		74.05		37.03	.002		37.03		.08
	69		110				10.93	.112		17.43		1.23
PATHOLOGY					1,202.55							
RADIOLOGY	31		62		1,986.15		32.03	.063		64.07		2.02
ROOM USE	106		138		4,883.81		35.39	.141		46.07		4.98
CROSSOVERS/ALL OTH OUTPTNT	57		67		839.52		12.53	.068		14.73		.86
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
	0		0									.00
LEV B-TRANSITIONAL IP CARE	0				.00		.00	.000		.00		
LEV B-REGULAR	U		0	_	.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
HOSPITAL BASED	0		0	Ψ	.00	7	.00	.000	Y	.00	Y	.00
	ŭ											
INDEPENDENT FACILITY	0		0	ć	.00	Ċ	.00	.000	Ċ	.00	ć	.00
@LABORATORY FACILITY	22		55	\$	481.91	\$	8.76	.056	Ş	21.91	Ş	.49
PATHOLOGY	22		55		481.91		8.76	.056		21.91		. 49
XO AND OTHERS	0		0		.00		.00	.000		.00		.00

@ORGANIZED OUTPATIENT CLINIC	106	168 \$	13,139.72	\$ 78.21	.171 \$	123.96	\$ 13.39
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	106	168	13,139.72	78.21	.171	123.96	13.39
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON'					
MOP024	FEE-FOR-SERVICE/						01/17/03
COLUSA COUNTY		CES FOR 185% PROGRAM	- INFANTS	AID CODES 47	69		01/11/03
COHODII COOMII	SOLUTION OF SERVE	CED FOR 1000 FROGRAM	INITINIO	TIID CODEO 17	MON'	THIV AMERA	CF
981 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
901 EDIGIDLES	OSEKS	OR DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
ANII OMIED DOGITDEDC	7	OR DAIS OF CARE 9 \$	612.60	\$ 68.07	.009 \$		
@ALL OTHER PROVIDERS			397.97	•	·		•
DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS	4	4		99.49	.004	99.49	.41
BLOOD BANK	U	0	.00	.00		.00	.00
HEARING AID DISPENSERS	Ü	Ü	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	3	131.63	43.88 43.88	.003	131.63 131.63	.13
AMBULANCES/AIR TRANS	1	3	131.63		.003		.13
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	83.00	.00 41.50	.002	41.50	.08
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00		.00	
RESPIRATORY CARE PRACT.	0	0			.000		.00
PED SUBACUTE REHAB/WEANING	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	•	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	11	152 \$	70,712.70			6428.43	·
@XOVER EXCLUDING STATE HOSP**		0 \$.00	\$.00	.000 \$.00	\$.00
0* TOTALS IN THESE LINES ARE							
THE AMOUNTS ARE ALREADY IN			ABOVE.				
** THESE DATA ARE INCLUDED I							
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON'	TH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,545
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR 185% PROGRAM	- PREGNANT AI	ID CODES 44 48	49		
					MON'	THLY AVERA	GE
1,384 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	734	3 , 635 \$	401,901.41	\$ 110.56	2.626 \$	547.55	\$ 290.39
@PHYSICIANS SERVICES	367	808 \$	76,049.66	\$ 94.12	.584 \$	207.22	\$ 54.95
OUTPATIENT VISITS	93	138	9,551.67	69.22	.100	102.71	6.90
OFFICE VISITS	39	47	1,893.14	40.28	.034	48.54	1.37
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	202.15	50.54	.003	67.38	.15

PREVENTIVE CARE	1	1	45.33	45.33	.001	45.33	.03
OB VISITS/COMPRE PERI	54	82	7,317.28	89.24	.059	135.51	5.29
OTHER OUTPATIENT	4	4	93.77	23.44	.003	23.44	.07
INPATIENT VISITS	57	123	5,936.34	48.26	.089	104.15	4.29
HOSPITAL VISITS	56	111	4,543.02	40.93	.080	81.13	3.28
CRITICAL CARE	3	12	1,393.32	116.11	.009	464.44	1.01
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	63	123	51,536.56	419.00	.089	818.04	37.24
PRINCIPAL SURGEON	49	49	47,631.48	972.07	.035	972.07	34.42
ASSISTANT SURGEON	10	9	1,951.06	216.78	.007	195.11	1.41
ANESTHESIOLOGIST	11	65	1,954.02	30.06	.047	177.64	1.41
OUTPATIENT SURGERY	40	62	1,516.37	24.46	.045	37.91	1.10
PRINCIPAL SURGEON	40	62	1,516.37	24.46	.045	37.91	1.10
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	93	136	1,266.81	9.31	.098	13.62	.92
RADIOLOGY	137	180	4,094.04	22.74	.130	29.88	2.96
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	3	3	56.71	18.90	.002	18.90	.04
OTHER SERVICES/ALL X-OVERS	31	43	2,091.16	48.63	.031	67.46	1.51
@PHARMACY	210	426	\$ 13,313.95	\$ 31.25	.308	\$ 63.40	\$ 9.62
PRESCRIPTION DRUGS	198	385	10,284.73	26.71	.278	51.94	7.43
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	198	385	10,284.73	26.71	.278	51.94	7.43
MEDICAL SUPPLIES	21	41	3,029.22	73.88	.030	144.25	2.19
@DENTIST	1	1	\$.00	\$.00	.001	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00

DRUGS	0	0		.00		.00	.000	.00)	.00
ANESTHESIA	0	0		.00		.00	.000	.00)	.00
PERIODONTICS	0	0		.00		.00	.000	.00)	.00
ENDODONTICS	0	0		.00		.00	.000	.00)	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00)	.00
PROSTHETICS	0	0		.00		.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00		.00
•	0	0								
ORTHODONTIC SERVICES	Ι	1		.00		.00	.001	.01		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.01		.00
#CALIF DEPT OF HEALTH SERV			JRES MON	ITH-OF-PAYMENT RE	EPOR	T FOR JAN 2	2002 THRU D	EC 2002]	PAGE 1,546
MOP024	FEE-FOR-SERVICE	C/DENTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 185%	PROGRAM	- PREGNANT AI	ID C	ODES 44 48	49			
							MC	NTHLY AVE	RAGE	
1,384 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PE	3	COST PER
		OR DAYS OF CAL	RE		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00) \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	·	.00	·	.00	.000	.01		.00
EYE APPLIANCES	0	0		.00		.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000) \$.00
VISITS	0	0	۲	.00	Y	.00	.000	.01		.00
	0	0								
OTHER SERVICES	U	•	^	.00	<u>^</u>	.00	.000	.01		.00
@PODIATRIST	U	0	\$.00	\$.00	.000) \$.00
MEDICINE/INJECTIONS	U	0		.00		.00	.000	.01		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	0	0		.00		.00	.000	.00		.00
@HOME HEALTH AGENCY	33	56	\$	2,640.28	\$	47.15	.040	\$ 80.0	_ \$	1.91
NURSE ANESTHESIST	11	49	\$	1,323.96	\$	27.02	.035	\$ 120.3	5 \$.96
NURSE MIDWIFE	2	2	\$	2,177.12	\$	1088.56	.001	\$ 1088.5	5 \$	1.57
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00) \$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00		\$.00		.00
@TOTAL HOSPITAL	341	1,443	\$	276,920.62	Ś	191.91		\$ 812.0		200.09
HOSP INPATIENT TOTAL	63	222		242,929.81	'	1094.28	.160	3856.03		175.53
HSC HOSPITALS	6	18		14,845.06		824.73	.013	2474.1		10.73
NON-HSC HOSPITAL TOTAL	58	204		228,084.75		1118.06	.147	3932.5		164.80
ACCOMMODATIONS	57	204		57,577.26		282.24	.147	1010.1		41.60
ADMINISTRATIVE DAYS	0	0		92.34CR	,	.00	.000	.010.11		.07CR
		•			`					
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.01		.00
ALL OTHER ACCOM	57	204		57,669.60		282.69	.147	1011.7		41.67
ANCILLARIES	58	0		170,507.49		.00	.000	2939.7		123.20
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.01		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.01		.00
HOSP OUTPATIENT TOTAL	316	1,221		33,990.81		27.84	.882	107.5		24.56
MEDICAL	26	34		2,173.64		63.93	.025	83.6)	1.57
SURGERY	8	8		354.99		44.37	.006	44.3	7	.26
PATHOLOGY	143	423		4,977.61		11.77	.306	34.83	_	3.60
RADIOLOGY	128	149		9,639.67		64.70	.108	75.3	L	6.97
ROOM USE	123	232		8,374.41		36.10	.168	68.0		6.05
CROSSOVERS/ALL OTH OUTPTNT		375		8,470.49		22.59	.271	72.4		6.12
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00) \$.00
CO HOSPITAL INPATIENT TOTAL		0	Υ	.00	7	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
USC UOSETIATS	U	U		.00		.00	.000	. 01	,	.00

NON-HSC HOSPITALS TOTAL	0	0		.0	0	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.0		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.0		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.0		.00	.000	.00		.00
ANCILLARIES	0	0		.0		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.0		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.0		.00	.000	.00		.00
MEDICAL	0	0		.0		.00	.000	.00		.00
SURGERY	0	0		.0		.00	.000	.00		.00
PATHOLOGY	0	0		.0		.00	.000	.00		.00
RADIOLOGY	0	0		.0		.00	.000	.00		.00
ROOM USE	0	0		.0		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.0		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	•	TIDES MON						D	AGE 1,547
MOP024	FEE-FOR-SERVICE		ONES MON	III OF FAIMENT	I/LE C	JINI FOR UAN 2	LUUZ IIIKU DI	3C 2002	E.	01/17/03
COLUSA COUNTY	SUMMARY OF SERV	,	DDOCDAM	_ DDECNAMT	V I D	CODES 44 48	10			01/1//03
COLODA COONII	DOMPIANT OF DERIV	ICES FOR 1038	TROGRAM	INDONANI	AID	CODED 11 10	MOI	THILY AMERA	CF.	
1,384 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURE	S Z	AVERAGE COST			-	COST PER
1,304 EDIGIDEES	OSENS	OR DAYS OF CA		EXTENDITORE	-	PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	341	1,443	\$	276,920.6		191.91	1.043			-
COMM HOSP INPATIENT TOTAL	63	222	Ÿ	242,929.8		1094.28	.160	3856.03	Y	175.53
HSC HOSPITALS	6	18		14,845.0		824.73	.013	2474.18		10.73
NON-HSC HOSPITALS TOTAL	58	204		228,084.7		1118.06	.147	3932.50		164.80
ACCOMMODATIONS	57	204		57,577.2		282.24	.147	1010.13		41.60
ADMINISTRATIVE DAYS	0	0		92.3		.00	.000	.00		.07CR
TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00
ALL OTHER ACCOM	57	204		57 , 669.6		282.69	.147	1011.75		41.67
ANCILLARIES	58	0		170,507.4		.00	.000	2939.78		123.20
INPATIENT CROSSOVERS	0	0		170,507.4		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.0		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	316	1,221		33,990.8		27.84	.882	107.57		24.56
MEDICAL	26	34		2,173.6		63.93	.025	83.60		1.57
SURGERY	8	8		354.9		44.37	.006	44.37		.26
PATHOLOGY	143	423		4,977.6		11.77	.306	34.81		3.60
RADIOLOGY	128	149		9,639.6		64.70	.108	75.31		6.97
ROOM USE	123	232		8,374.4		36.10	.168	68.08		6.05
CROSSOVERS/ALL OTH OUTPTNT	117	375		8,470.4		22.59	.271	72.40		6.12
@STATE HOSPITAL	0	0	\$	0,470.4		.00	.000		Ś	.00
MENTALLY ILL	0	0	Ş	.0		.00	.000 .	.00	۲	.00
DEVELOP. DISABLED	0	0		.0		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.0		.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	Ÿ	.0	-	.00	.000	.00	۲	.00
LEV A-INIERMEDIATE	0	0		.0		.00	.000	.00		.00
LEV B-REHAB MD LEV B-SUBACUTE FREESTANDING	0	0		.0		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	U	0		.0		.00	.000	.00		.00
	0	0								
LEV B-TRANSITIONAL IP CARE	0	0		.0		.00	.000	.00		.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0	Ś	.00) \$.00	.000 \$.00	Ċ	.00
HOSPITAL BASED	0	0	Ą	.00		.00	.000 \$.00	Ą	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	185	494	\$	9,519.37		19.27	.357 \$		Ċ	6.88
PATHOLOGY	185	494	Ą	9,519.3		19.27	.357	51.46	Ą	6.88
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	123	245	Ċ	15,386.51		62.80	.177 \$		Ċ	11.12
CLINIC CLINIC	18	106	Ą	3,528.69		33.29	.077	196.04	Ą	2.55
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	105	139		11,857.82		85.31	.100	112.93		8.57
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		IIDEC M						DACE	1,548
MOP024	FEE-FOR-SERVICE		OIVES M	IONIII OF FAIRBINI	IVE OIV	I FOR UAN	ZUUZ IIIKU DE	C 2002		1/17/03
COLUSA COUNTY	SUMMARY OF SERVI		DRACR A	M - PRECNANT	ATD CC	DDES 44 48	49		U	1/1//05
COLOSA COUNTI	SOMMANT OF SERVE	ICES FOR 105%	LIVOGNA	M ENEGNANT	AID CC	70 44 40	MON	THIY AVERA	GE	
1,384 ELIGIBLES	USERS	UNITS OF SERVI	CE.	EXPENDITURES	3 AVE	TRACE COST	UNITS/DAYS			T PER
1,301 111011110	OBLIE	OR DAYS OF CA		DALDIDITORD			PER ELIG	USER		GIBLE
@ALL OTHER PROVIDERS	51	111	\$	4,569.94		41.17	.080 \$			3.30
DURABLE MED. EQUIP.	0	0	Ψ	.00		.00	.000	.00	Y	.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	2	58		441.53		7.61	.042	220.77		.32
AMBULANCES/AIR TRANS	2	58		441.53		7.61	.042	220.77		.32
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	48	48		3,882.00		80.88	.035	80.88		2.80
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	2	5		246.41		49.28	.004	123.21		.18
PROSTHETICS	2	Δ		157.72		39.43	.003	78.86		.11
ORTHOTICS	1	1		88.69		88.69	.001	88.69		.06
PSYCHOLOGIST	0	0		.00		.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00		.00	.000	.00		.00
HOSPICE SERVICES	0	0		.00		.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0		.00		.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	1	9	\$	4,590.00		510.00		4590.00	Ġ	3.32
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00		.00	.000 \$.00
@* TOTALS IN THESE LINES ARE		O ATE INFORMATION			<i>y</i>	• 00	٠٥٥٥ ٢	•00	Y	.00
THE AMOUNTS ARE ALREADY IN				•						
** THESE DATA ARE INCLUDED I										
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE				REPORT	FOR TAN	2002 THRII DE	C 2002	PAGE	1,549
MOP024	FEE-FOR-SERVICE		CILLO PI	IOI.III OI IIIIIIIIIII	1,111,01/1		LUUL IIIKO DE			1/17/03
COLUSA COUNTY	SUMMARY OF SERVI		Y POST	PARTIM PROGRAM		AID CODE	76		O	_, _ , , 00
1120011 0001111						1112 0000	MON	THLY AVERA	GE	
16 ELICIDIES	HCEDC	IINITEO OF CEDUT	CE.	EADENDIMIDE	7 777		IINITEC / DAVC			משמ ש

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

16 ELIGIBLES

USERS

UNITS OF SERVICE

OR DAYS OF CARE

OHOHAT ALL DROUTDERS	1.0	07 6	651 57	A 04 11	1 600	à CE 1C	40.70
@TOTAL, ALL PROVIDERS	10	27 \$	651.57	\$ 24.13		\$ 65.16	
@PHYSICIANS SERVICES	2	2 \$	22.19	\$ 11.10		\$ 11.10	
OUTPATIENT VISITS	1	1	15.80	15.80		15.80	.99
OFFICE VISITS	0	0	.00	.00		.00	.00
HOME VISITS	0	0	.00	.00		.00	.00
EMERGENCY ROOM	0	0	.00	.00		.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	15.80	15.80	.063	15.80	.99
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00		.00	.00
SERVICES AND MATERIALS	0	0	.00	.00		.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00		.00	.00
ASSISTANT SURGEON	0	0	.00	.00		.00	.00
ANESTHESIOLOGIST	0	0	.00	.00		.00	.00
OUTPATIENT SURGERY	0	0	.00	.00		.00	.00
PRINCIPAL SURGEON	0	0	.00	.00		.00	.00
	0	0	.00	.00		.00	.00
ASSISTANT SURGEON	0	0	.00			.00	.00
ANESTHESIOLOGIST	0	0		.00			
DIALYSIS	U	0	.00	.00		.00	.00
PATHOLOGY	1	1	2.64	2.64		2.64	.17
RADIOLOGY	Ü	0	.00	.00		.00	.00
PSYCHIATRY	0	0	.00	.00		.00	.00
IMMUNIZATION AND INJECTION	0	0	3.75	.00		.00	.23
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00		.00	.00
@PHARMACY	2	2 \$	200.25	\$ 100.13		\$ 100.13	
PRESCRIPTION DRUGS	2	2	200.25	100.13		100.13	12.52
SNF/ICF	0	0	.00	.00		.00	.00
OUTPATIENTS	2	2	200.25	100.13	.125	100.13	12.52
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00		.00	.00
DENTURES, STAYPLATES	0	0	.00	.00		.00	.00
SPACE MAINTAINERS	0	0	.00	.00		.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00		.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00		.00	.00
ORTHODONTIC SERVICES	0	Ő	.00	.00		.00	.00
ALL OTHER SERVICES	0	0	.00	.00		.00	.00
#CALIF DEPT OF HEALTH SERV	•	•	MONTH-OF-PAYMENT R				PAGE 1,550
MOP024	FEE-FOR-SERVICE/D						01/17/03
COLUSA COUNTY		ES FOR 60-DAY POS	T PARTIM PROGRAM	AID CO	DE 76		01/11/03
COHODA COUNTI	SOUTHWILL OF SEIVALC	LID FOR OU DAT FOR	TANTON FINOGRAM	AID CO		ONTHLY AVERA	GF
16 ELIGIBLES	USERS U	NITS OF SERVICE	EXPENDITURES	AVERACE CO	DST UNITS/DAYS		COST PER
TO THIGHNES	ODEINO C	OD DAYS OF CARE	EVI ENDI LOVES	AVENAGE CO		TICED CONT EEV	COSI FER

PER UNIT/DAY PER ELIG USER

ELIGIBLE

OR DAYS OF CARE

@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3	16	\$ 217.20	\$ 13.58	1.000	\$ 72.40	\$ 13.58
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	3	16	217.20	13.58	1.000	72.40	13.58
MEDICAL	0	0	12.88	.00	.000	.00	.81
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	63.90	9.13	.438	31.95	3.99

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.29	35.15	.125	35.15	4.39
CROSSOVERS/ALL OTH OUTPTNT	2	7	70.13	10.02	.438	35.07	4.38
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	2002	PAGE 1,551
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	60-DAY POS	ST PARTUM PROGRAM	AID CODE	76		
					MONT	THIY AVERAG	F

					MON	THLY AVERA	GE
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	16 \$	217.20	\$ 13.58	1.000 \$	72.40	\$ 13.58
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	16	217.20	13.58	1.000	72.40	13.58
MEDICAL	0	0	12.88	.00	.000	.00	.81
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	7	63.90	9.13	.438	31.95	3.99
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	2	70.29	35.15	.125	35.15	4.39
CROSSOVERS/ALL OTH OUTPINT	2	7	70.13	10.02	.438	35.07	4.38
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	7	\$	209.15	\$	29.88	.438	\$	52.29	\$	13.07
PATHOLOGY	4	7		209.15		29.88	.438		52.29		13.07
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	2.78	\$.00	.000	\$.00	\$.17
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		2.78		.00	.000		.00		.17
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITU	RES MONTH-	OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PI	AGE 1,552
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	60-DAY	POST PART	TUM PROGRAM		AID CODE	76				
							N	IONTE	HLY AVERA	GE -	

					MON'	THLY AVERAGE	
16 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00
O# MOMATO TAL MUROR TEARS AND CITIES	T 70 7 0007	DAME TATEODAGAMETON THEN ON	TT 37 .				

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,553

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

					MONTHLY AVERAGE			
2,381 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@TOTAL, ALL PROVIDERS	1,253	5 , 526 \$		\$ 99.08	2.321 \$	436.96	\$ 229.95	
@PHYSICIANS SERVICES	581	1 , 285 \$	96,537.32	\$ 75.13	.540 \$	166.16	\$ 40.54	
OUTPATIENT VISITS	285	414	17,113.20	41.34	.174	60.05	7.19	
OFFICE VISITS	182	246	7,492.72	30.46	.103	41.17	3.15	
HOME VISITS	0	0	.00	.00	.000	.00	.00	
EMERGENCY ROOM	19	23	998.77	43.42	.010	52.57	.42	
PREVENTIVE CARE	2	2	90.66	45.33	.001	45.33	.04	
OB VISITS/COMPRE PERI	54	82	7,317.28	89.24	.034	135.51	3.07	
OTHER OUTPATIENT	43	61	1,213.77	19.90	.026	28.23	.51	
INPATIENT VISITS	65	197	15 , 819.98	80.30	.083	243.38	6.64	
HOSPITAL VISITS	60	122	5,053.97	41.43	.051	84.23	2.12	
CRITICAL CARE	8	75	10,766.01	143.55	.031	1345.75	4.52	
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00	
OPHTHALMOLOGICAL SERVICES	3	7	323.52	46.22	.003	107.84	.14	
EXAMINATIONS	3	7	323.52	46.22	.003	107.84	.14	
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00	
INPATIENT HOSPITAL SURGERY	64	124	51,793.45	417.69	.052	809.27	21.75	
PRINCIPAL SURGEON	50	50	47,888.37	957.77	.021	957.77	20.11	
ASSISTANT SURGEON	10	9	1,951.06	216.78 30.06 25.04	.004	195.11	.82	
ANESTHESIOLOGIST	11	65	1,954.02	30.06	.027	177.64	.82	
OUTPATIENT SURGERY	42	67	1,677.95	25.04	.028	39.95	.70	
PRINCIPAL SURGEON	41	63	1,533.37	24.34	.026	37.40	.64	
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00	
ANESTHESIOLOGIST	1	4	144.58	36.15	.002	144.58	.06	
DIALYSIS	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	106	159	1,398.51	8.80	.067	13.19	.59	
RADIOLOGY	152	224	4,911.83	21.93	.094	32.31	2.06	
PSYCHIATRY	0	0	.00	.00	.000	.00	.00	
IMMUNIZATION AND INJECTION	6	6	97.44	16.24	.003	16.24	.04	
OTHER SERVICES/ALL X-OVERS	55	87	3,401.44	39.10	.037	61.84	1.43	
@PHARMACY	518	1,051 \$	31,014.25	\$ 29.51	.441 \$	59.87	\$ 13.03	
PRESCRIPTION DRUGS	497	990	27 , 760.07	28.04	.416	55.86	11.66	
SNF/ICF	0	0	.00	.00	.000	.00	.00	
OUTPATIENTS	497	990	27 , 760.07	28.04	.416	55.86	11.66	
MEDICAL SUPPLIES	37	61	3,254.18	53.35	.026	87.95	1.37	
@DENTIST	1	1 \$.00	\$.00	.000 \$.00	\$.00	
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00	
ORAL SURGERY	0	0	.00	.00	.000	.00	.00	
DRUGS	0	0	.00	.00	.000	.00	.00	
ANESTHESIA	0	0	.00	.00	.000	.00	.00	
PERIODONTICS	0	0	.00	.00	.000	.00	.00	
ENDODONTICS	0	0	.00	.00	.000	.00	.00	
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00	
PROSTHETICS	0	0	.00	.00	.000	.00	.00	
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00	
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00	
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	1	1	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,554

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 185%/60-DAY PP AID CODES 44 47 48 49 69 76

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 185%/60-	DAY PP	AID CODES 4	14 4	/ 48 49 69	/6			~-	
0.001							Mo				
2,381 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		S			COST PER
0.0000000000000000000000000000000000000		OR DAYS OF CARE		0.0		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0		\$.00	\$.00	.000	Ş		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	_	.00	.000		.00		.00
@CHIROPRACTOR	0		\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	•	\$.00	\$.00	.000	Ş	.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	37		\$	2,925.12	\$	47.95	.026		79.06		1.23
NURSE ANESTHESIST	11		\$	1,323.96	\$	27.02		\$	120.36	\$.56
NURSE MIDWIFE	2		\$	2,177.12		1088.56	.001		1088.56	\$.91
PEDIATRIC NURSE PRACTITIONER		_	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	_	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	476	1,988	\$	369,607.73	\$	185.92	.835	\$	776.49	\$	155.23
HOSP INPATIENT TOTAL	66	283		322,744.37		1140.44	.119		4890.07		135.55
HSC HOSPITALS	7	73		89,695.06		1228.70	.031		12813.58		37.67
NON-HSC HOSPITAL TOTAL	60	210		233,049.31		1109.76	.088		3884.16		97.88
ACCOMMODATIONS	59	210		59,108.46		281.47	.088		1001.84		24.83
ADMINISTRATIVE DAYS	0	0		92.34CF	3	.00	.000		.00		.04CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	59	210		59,200.80		281.91	.088		1003.40		24.86
ANCILLARIES	60	0		173,940.85		.00	.000		2899.01		73.05
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	449	1,705		46,863.36		27.49	.716		104.37		19.68
MEDICAL	89	123		5,855.79		47.61	.052		65.80		2.46
SURGERY	10	1.0		429.04		42.90	.004		42.90		.18
PATHOLOGY	214	540		6,244.06		11.56	.227		29.18		2.62
RADIOLOGY	159	211		11,625.82		55.10	.089		73.12		4.88
ROOM USE	231	372		13,328.51		35.83	.156		57.70		5.60
CROSSOVERS/ALL OTH OUTPTNT		449		9,380.14		20.89	.189		53.30		3.94
@COUNTY HOSPITAL TOTAL	0		\$.00	\$.00	.000	Ś		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	т	.00	т	.00	.000	-	.00	т.	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
MEDICAL SURGERY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MONTH-	-OF-PAYMENT REPORT	FOR JAN 200	2 THRU DEC	2002	PAGE 1,555
MOP024	FEE-FOR-SERVICE/DENTAL	L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR 185%/60-DAY PP	AID CODES 44 47	48 49 69 7	5		

						MOI	NTHLY AVERA	GE	
2,381 ELIGIBLES	USERS	UNITS OF SERVICE	1	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	1		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	476	1,988	\$	369,607.73	\$ 185.92	.835	776.49	\$	155.23
COMM HOSP INPATIENT TOTAL	66	283		322,744.37	1140.44	.119	4890.07		135.55
HSC HOSPITALS	7	73		89,695.06	1228.70	.031	12813.58		37.67
NON-HSC HOSPITALS TOTAL	60	210		233,049.31	1109.76	.088	3884.16		97.88
ACCOMMODATIONS	59	210		59,108.46	281.47	.088	1001.84		24.83
ADMINISTRATIVE DAYS	0	0		92.34CR	.00	.000	.00		.04CR
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	59	210		59,200.80	281.91	.088	1003.40		24.86
ANCILLARIES	60	0		173,940.85	.00	.000	2899.01		73.05
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	449	1,705		46,863.36	27.49	.716	104.37		19.68
MEDICAL	89	123		5 , 855.79	47.61	.052	65.80		2.46
SURGERY	10	10		429.04	42.90	.004	42.90		.18
PATHOLOGY	214	540		6,244.06	11.56	.227	29.18		2.62
RADIOLOGY	159	211		11,625.82	55.10	.089	73.12		4.88
ROOM USE	231	372		13,328.51	35.83	.156	57.70		5.60
CROSSOVERS/ALL OTH OUTPTNT	176	449		9,380.14	20.89	.189	53.30		3.94
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	211	556	\$	10,210.43	\$	18.36	.234	\$	48.39	\$	4.29
PATHOLOGY	211	556		10,210.43		18.36	.234		48.39		4.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	229	413	\$	28,529.01	\$	69.08	.173	\$	124.58	\$	11.98
CLINIC	18	106		3 , 528.69		33.29	.045		196.04		1.48
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	211	307		25,000.32		81.43	.129		118.48		10.50
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU	DEC	2002	PF	AGE 1,556
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 185%/6	50-DAY PP	AID CODES 4	44 47	48 49 69 7	6				

----- MONTHLY AVERAGE -----2,381 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE OR DAYS OF CARE @ALL OTHER PROVIDERS 58 120 \$ 5,182.54 \$ 43.19 .050 \$ 89.35 \$ 2.18 397.97 .002 99.49 DURABLE MED. EQUIP. 4 4 .17 BLOOD BANK 0 0 .00 .00 .00 .00 .00 HEARING AID DISPENSERS 0 191.05 MEDICAL TRANSPORTATION 573.16 191.05 AMBULANCES/AIR TRANS 61 573.16 .24 .00 .00 .00 OTHER TRANS .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 50 GENETIC DISEASE TESTING 3,965.00 79.30 1.67 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .00 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 . 00 .00 PORTABLE X-RAY 246.41 123.21 .10 PROSTHETIST/ORTHOTISTS ∠40.41 157.72 PROSTHETICS 78.86 .07 88.69 ORTHOTICS 88.69 .04 PSYCHOLOGIST .00 .00 .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .00 HOSPICE SERVICES .00 .00 .00 .00 NONINST BIRTHING CENTERS .00 .00 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .000 .00 .00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	12	161	\$ 75,302.70	\$ 467.72	.068	\$ 6275.23	\$ 31.63
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

0* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,557 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - AGED AID CODE 16 ----- MONTHLY AVERAGE -----144 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 30,585.76 233.48 \$ 212.40 @TOTAL, ALL PROVIDERS 131 701 \$ 43.63 4.868 \$ 18 26 .181 \$ 42.42 \$ @PHYSICIANS SERVICES 763.62 29.37 5.30 0 .00 .000 .00 OUTPATIENT VISITS .00 .00 OFFICE VISITS .00 .00 .000 .00 .00 .00 .00 HOME VISITS .00 .000 .00 .00 .00 .000 .00 EMERGENCY ROOM .00 .00 .00 .000 .00 PREVENTIVE CARE .00 .000 .00 .00 .00 OB VISITS/COMPRE PERI OTHER OUTPATIENT .00 .00 .000 . 00 .00 .00 .00 INPATIENT VISITS .00 .000 .00 HOSPITAL VISITS .00 .00 .000 .00 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 OPHTHALMOLOGICAL SERVICES .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 .00 .000 SERVICES AND MATERIALS .00 . 00 . 00 .00 . 00 . 00 INPATIENT HOSPITAL SURGERY .000 . 00 PRINCIPAL SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 .00 OUTPATIENT SURGERY .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 ASSISTANT SURGEON .00 .00 .000 .00 .00 .00 .00 .000 .00 . 00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .00 PATHOLOGY .000 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 .000 PSYCHIATRY .00 .00 .00 IMMUNIZATION AND INJECTION 0 .00 .00 .000 .00 .00 OTHER SERVICES/ALL X-OVERS 763.62 29.37 .181 42.42 5.30 422 @PHARMACY 119 22,895.51 \$ 54.25 2.931 \$ 192.40 \$ 159.00 PRESCRIPTION DRUGS 115 402 22,077.25 54.92 2.792 191.98 153.31 1 1.3 560.57 43.12 .090 560.57 3.89 SNF/ICF 389 55.31 2.701 188.74 114 21,516.68 149.42 OUTPATIENTS 20 .139 MEDICAL SUPPLIES 818.26 40.91 116.89 5.68 .00 \$ @DENTIST .00 .00 .000 \$.00 VISITS - DIAGNOSTIC .00 .00 .000 .00 .00 .00 .00 .00 .00 ORAL SURGERY .000 .00 . 00 .000 .00 .00 DRUGS .00 .00 .00 .000 .00 ANESTHESIA .00 .00 .00 .000 .00 PERIODONTICS ENDODONTICS .00 .00 .000 .00 .00 .000 RESTORATIVE DENTISTRY .00 .00 .00 .00 PROSTHETICS .00 .000 .00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN 2	002 THRU DEC	2002	PAGE 1,558
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD - AGED	AID CODE	16		

COLUSA COUNTI	SUMMARI OF SER	VICES FOR	TTTTE 1	דע דו	SKEGARD - AGED		AID CODE		^NT⊞		CE.	
144 51 10151 50			a=======	_			D. C. C. C.	M(GE	
144 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAY:	S			COST PER
_	_	OR DAYS						PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	9		17	\$	268.96	\$	15.82	.118	Ş	29.88	Ş	1.87
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	9		17		268.96		15.82	.118		29.88		1.87
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	9		11	\$	88.12	\$	8.01	.076	Ś	9.79	Ś	.61
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	9		11		88.12		8.01	.076		9.79		.61
@HOME HEALTH AGENCY	0		0	\$.00	Ċ	.00	.000	\$.00	Ś	.00
•	0		0			ې د						
NURSE ANESTHESIST	0		-	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	ŭ		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER			0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	32		112	\$	1,740.06	\$	15.54		\$	54.38	\$	12.08
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	32		112		1,740.06		15.54	.778		54.38		12.08
					•							
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	· ·		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	32		112		1,740.06		15.54	.778		54.38		12.08
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANCILLARIES	U		U		.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	()	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	()	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	()	.00		.00	.000	.00		.00
MEDICAL	0	()	.00		.00	.000	.00		.00
SURGERY	0	()	.00		.00	.000	.00		.00
PATHOLOGY	0	()	.00		.00	.000	.00		.00
RADIOLOGY	0	()	.00		.00	.000	.00		.00
ROOM USE	0	()	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	()	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPEND	TURES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU D	EC 2002	P	AGE 1,559
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR TITE	E II D	ISREGARD - AGED		AID CODE	16			
							MC	NTHLY AVER	AGE	
144 ELIGIBLES	USERS	UNITS OF SERV	/ICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF (CARE		PER	. UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	32	112	\$	1,740.06	\$	15.54	.778	\$ 54.38	\$	12.08
COMM HOSP INPATIENT TOTAL	0	()	.00		.00	.000	.00		.00
HSC HOSPITALS	0	()	.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	()	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	()	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	()	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	()	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	()	.00		.00	.000	.00		.00
ANCILLARIES	0	()	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	()	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	()	.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	32	112	2	1,740.06		15.54	.778	54.38		12.08
MEDICAL	0	()	.00		.00	.000	.00		.00
SURGERY	0	()	.00		.00	.000	.00		.00
PATHOLOGY	0	()	.00		.00	.000	.00		.00
RADIOLOGY	0	()	.00		.00	.000	.00		.00
ROOM USE	0	()	.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	32	112	2	1,740.06		15.54	.778	54.38		12.08
@STATE HOSPITAL	0	(.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	()	.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	()	.00		.00	.000	.00		.00
@NURSING FACILITY	3	2		3 , 076.72	\$	113.95	.188	\$ 1025.57	\$	21.37
LEV A-INTERMEDIATE	0	()	.00		.00	.000	.00		.00
LEV B-REHAB MD	0	(.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	(•	.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	()	.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	(.00		.00	.000	.00		.00
LEV B-REGULAR	3	2		3 , 076.72		113.95	.188	1025.57		21.37
@INTERMEDIATE CARE FACILDD	0	(т	.00	\$.00		\$.00	\$.00
ICF DDH	0	(.00		.00	.000	.00		.00
ICF DD	0	(•	.00		.00	.000	.00		.00
ICF DDN/DDCN	0	(.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0) \$.00	\$.00		\$.00	\$.00
HOCDITAL DACED	<u> </u>	()	0.0		$\cap \cap$	$\cap \cap \cap$	0.0		0.0

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HEMODIALYSIS CENTER

@REHABILITATION FACILITY

INDEPENDENT FACILITY

HOSPITAL BASED

HOSPITAL BASED

XO AND OTHERS

PATHOLOGY

@LABORATORY FACILITY

0

0

@ORGANIZED OUTPATIENT CLINIC	12	20 \$	1,087.70	\$ 54.39	.139 \$	90.64	\$ 7.55
CLINIC	0	0	.00	.00	.000	.00	.00
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	12	20	1,087.70	54.39	.139	90.64	7.55
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,560
MOP024	FEE-FOR-SERVICE/DENTA	.L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR TITLE II I	DISREGARD - AGED	AID CODE	16		
					MON'	THLY AVERAG	SE
144 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE

NONTHEI AVENAGE						ناد
USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
22	64 \$	661.01	\$ 10.33	.444 \$	30.05	\$ 4.59
0	2CR	216.02CR	108.01	.014CR	.00	1.50CR
0	0	.00	.00	.000	.00	.00
1	3	132.81	44.27	.021	132.81	.92
1	6	43.20	7.20	.042	43.20	.30
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
1	6	43.20	7.20	.042	43.20	.30
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
7	16	235.31	14.71	.111	33.62	1.63
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
		OR DAYS OF CARE 22 64 \$ 0 2CR 0 0 1 3 1 6 0 0 0 1 6 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE 22 64 \$ 661.01 0 2CR 216.02CR 0 0 0 .00 1 3 132.81 1 6 43.20 0 0 0 .00 0 0 .00 0 0 .00 1 6 43.20 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 .00 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY 22 64 \$ 661.01 \$ 10.33 0 2CR 216.02CR 108.01 0 0 .00 .00 1 3 132.81 44.27 1 6 43.20 7.20 0 0 .00 .00 0 0 .00 .00 1 6 43.20 7.20 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 0 .00 .00 0 .00 .00 .00 0 0 .00 .00 0 .00 .	USERS UNITS OF SERVICE OR DAYS EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER UNIT/DAY UNITS/DAYS 22 64 \$ 661.01 \$ 10.33 .444 \$ 0 2CR 216.02CR 108.01 .014CR 0 0 .00 .000 .000 1 3 3 132.81 44.27 .021 1 6 43.20 7.20 .042 0 0 0 .00 .000 .000 0 0 0 .00 .000 .000 1 6 43.20 7.20 .042 0 0 0 .00 .00 .000 .000 0 0 0 .00 .000 .000 .000 0 0 0 .00 .000 .000 .000 0 0 0 .00 .000 .000 .000 0 0 0 .00 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000 0 0 0 .000 .000 .000 .000	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY AVERAGE COST UNITS/DAYS PER ELIG USER COST PER UNIT/DAY PER ELIG USER 22 64 \$ 661.01 \$ 10.33 .444 \$ 30.05 0 2CR 216.02CR 108.01 .014CR .00 .00 0 0 .00 .00 .00 1 3 132.81 44.27 .021 132.81 132.81 1 6 43.20 7.20 .042 43.20 .00 0 0 .00 .00 .00 .00 1 6 43.20 7.20 .042 43.20 .00 0 0 .00 .00 .00 1 6 43.20 7.20 .042 43.20 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 0 .00 .00 </td

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	13	41		465.71	11.36	.285	35.82	3.23
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	58	198	\$	3,104.77	\$ 15.68	1.375	\$ 53.53	\$ 21.56
A* TOTALS IN THESE LINES ARE CIVEN	AS A SEPARATE	T INFORMATION T	TEM ONLY.					

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,561 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - BLIND AID CODES 26 6A

COLUSA COUNTI	SUMMARI OF SERV	ICES FOR IIILE I	בוע ד.	REGARD - BLIND	AID C	ODES 20	OA				
							MO				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	5	COST PER	COST I	
		OR DAYS OF CARE				NIT/DAY	PER ELIG		USER	ELIGIE	
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000		.00		.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00		.00
OUTPATIENT VISITS	0	0		.00		.00	.000		.00		.00
OFFICE VISITS	0	0		.00		.00	.000		.00		.00
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00

DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURE	S MONTH-OF-	PAYMENT RE	PORT FOR JAN	2002 THRU	DEC	2002	P <i>I</i>	AGE 1,562
MOP024	FEE-FOR-SERVICE/									01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR TITLE II	DISREGARD	- BLIND	AID CODES 2	6 6A				
						N	IONTI	HLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPE	NDITURES	AVERAGE COS	T UNITS/DAY	S	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DA	Y PER ELIC	j	USER	F	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000		.00		.00
EYE APPLIANCES	0	0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	•	.00	.00	.000		.00		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	•	.00	.00	.000		.00		.00
SURGERY/ANES.	0	0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	0	0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000		.00		.00
ANCILLARIES	0	0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00		.00
MEDICAL	0	0		.00	.00	.000		.00		.00
SURGERY	0	0		.00	.00	.000		.00		.00
PATHOLOGY	0	0		.00	.00	.000		.00		.00
RADIOLOGY	0	0		.00	.00	.000		.00		.00
ROOM USE	0	0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	•	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000		.00		.00

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.000		.00
MEDICAL	0	0	.00	.00	.000	.00	
SURGERY	0	0	.00		.000		.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	· ·	· ·	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 1,563
MOP024	FEE-FOR-SERVICE/DENTAL	m.m.n b	TODECARD DI IND	7-D GODEG OC	C 7)		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE II D	ISREGARD - BLIND	AID CODES 26			Ω Ε
00 81 1018180	HOEDO INITEO O	_ GED1/1-GE		717ED 7 CE COCE	MONT		-
00 ELIGIBLES		F SERVICE S OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0 OK DAT.	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00			
INPATIENT CROSSOVERS	0	0	.00		.000	.00	.00
	0	0		.00	.000		
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL SURGERY	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00			
PATHOLOGY	0	0		.00	.000	.00	.00
RADIOLOGY	0	· ·	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	Ü	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	U	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

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LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00		.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
PATHOLOGY	0	0	.00	.00	.000	.00	Τ	.00
XO AND OTHERS	0	0	.00	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	Ċ	.00
CLINIC CLINIC	0	0	.00	.00	.000	.00	۲	.00
	0	0						
SURGICENTER	U	U	.00	.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00		.00
		S AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002		1,564
MOP024	FEE-FOR-SERVICE/						01	1/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DISH	REGARD - BLIND	AID CODES 26				
					MONT	HLY AVERAG	}Ε	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIC	FIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00		.00
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	0	0	.00	.00	.000	.00		.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0						
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	0		.00	.00	.000	.00		.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00		.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	Ś	.00
@XOVER EXCLUDING STATE HOSP**	•	0 \$.00		.000 \$.00		.00
@* TOTALS IN THESE LINES ARE		· T				• • •		
THE AMOUNTS ARE ALREADY IN			•					
** THESE DATA ARE INCLUDED I								
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	JTH-OF-PAYMENT RE	PORT FOR TANG	מחס שאפנו סבר	2002	PAGE	1 565
MOP024	FEE-FOR-SERVICE/		OF THIRDING IVE	OI(I I OI(OIII) A	LUUL IIIKO DEC	_002		1,303
COLUSA COUNTY		CES FOR TITLE II DISH	REG - DISABLED AT	ID CODES 36 66	6C		01	, 11,00
00110011 0001111	SOUTH OF SERVI	OLD TOR TITHE IT DIST	.LC DIOADHUM AI	77 00000 00		יטוע אזזקסאר	יםי	

USERS UNITS OF SERVICE

OR DAYS OF CARE

116 ELIGIBLES

----- MONTHLY AVERAGE -----

PER UNIT/DAY PER ELIG USER ELIGIBLE

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

@TOTAL, ALL PROVIDERS	101	1,464	\$ 32,470.23	\$ 22.18	12.621	\$ 321.49	\$ 279.92
@PHYSICIANS SERVICES	21	66	\$ 617.94	\$ 9.36	.569	\$ 29.43	\$ 5.33
OUTPATIENT VISITS	3	3	120.76	40.25	.026	40.25	1.04
OFFICE VISITS	3	3	120.76	40.25	.026	40.25	1.04
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	1.01	.00	.000	.00	.01
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	2	35.16	17.58	.017	35.16	.30
OTHER SERVICES/ALL X-OVERS	18	61	461.01	7.56	.526	25.61	3.97
@PHARMACY	88	1,051	\$ 25,145.36	\$ 23.93	9.060	\$ 285.74	\$ 216.77
PRESCRIPTION DRUGS	84	282	24,016.95	85.17	2.431	285.92	207.04

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	84	282	24,016.95	85.17	2.431	285.92	207.04
MEDICAL SUPPLIES	15	769	1,128.41	1.47	6.629	75.23	9.73
@DENTIST	1	2 \$	70.00	\$ 35.00	.017	\$ 70.00	\$.60
VISITS - DIAGNOSTIC	1	2	70.00	35.00	.017	70.00	.60
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT REPO	ORT FOR JAN	2002 THRU I	DEC 2002	PAGE 1,566

01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREG - DISABLED AID CODES 36 66 6C

116 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 8 138.02 Ś 17.25 .069 \$ 46.01 \$ 1.19 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED 1.19 EYE APPLIANCES 138.02 17.25 .069 46.01 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 .000 . 00 .00 .00 .00 \$ @CHIROPRACTOR .000 \$. 00 VISITS 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OTHER SERVICES .00 20.15 5.04 20.15 \$ @PODIATRIST .034 \$.17 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 0 .00 RADIO./PATHOLOGY .00 .00 .000 .00 20.15 5.04 .034 20.15 .17 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 \$.00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 FAMILY NURSE PRACTITIONER 0 .00 .00 .000 .00 Ś .00 @TOTAL HOSPITAL 103 2,244.43 21.79 .888 \$ 97.58 \$ 19.35 HOSP INPATIENT TOTAL 3 812.00 270.67 .026 812.00 7.00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 . 00 .00 .00 .000 .00 .00 ACCOMMODATIONS .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 ANCILLARIES .00 812.00 270.67 .026 812.00 INPATIENT CROSSOVERS 7.00 .00 0 .00 .00 .000 .00 ALL OTHER INPATIENT 22 14.32 HOSP OUTPATIENT TOTAL 100 1,432.43 .862 65.11 12.35 MEDICAL 0 0 .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY 45.02 11.26 .034 45.02 .39

RADIOLOGY	1	2	108.50	54.25	.017	108.50		.94
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	20	94	1,278.91	13.61	.810	63.95	11	L.03
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITURES	MONTH-OF-PAYMENT I	REPORT FOR JA	N 2002 THRU	DEC 2002	PAGE	1,567
MOP024	FEE-FOR-SERVICE/DENTAL						01/	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R TITLE II	DISREG - DISABLED A	AID CODES 36	66 6C			

----- MONTHLY AVERAGE -----116 ELIGIBLES USERS EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER UNITS OF SERVICE OR DAYS OF CARE USER ELIGIBLE PER UNIT/DAY PER ELIG @COMMUNITY HOSPITAL TOTAL 23 103 \$ 2,244.43 \$ 21.79 .888 \$ 97.58 \$ 19.35 COMM HOSP INPATIENT TOTAL 1 3 812.00 270.67 .026 812.00 7.00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .000 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .000 .00 .00 .00 ANCILLARIES 812.00 270.67 812.00 INPATIENT CROSSOVERS .026 7.00 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 100 1,432.43 14.32 .862 65.11 12.35 MEDICAL 0 .00 .00 .000 .00 .00 SURGERY 0 0 .00 .00 .000 .00 .00 PATHOLOGY 45.02 11.26 .034 45.02 .39 RADIOLOGY 108.50 54.25 .017 108.50 .94 ROOM USE 0 .00 .00 .000 .00 .00 1,278.91 13.61 .810 63.95 11.03 CROSSOVERS/ALL OTH OUTPINT 0 .00 \$.00 .000 \$.00 \$.00 @STATE HOSPITAL MENTALLY ILL 0 .00 .00 .000 .00 .00 .000 DEVELOP. DISABLED .00 .00 .00 .00 @NURSING FACILITY .00 .00 .00 \$.00 .000 \$ LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .00 .00 .00 LEV B-REHAB MD .000 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .000 .00 .00 .00 .00 LEV B-SUBACUTE HSPTL BASED .000 .00 LEV B-TRANSITIONAL IP CARE 0 .00 .00 .000 .00 .00 LEV B-REGULAR .00 .00 .000 .00 .00 @INTERMEDIATE CARE FACIL.-DD .00 \$.00 .000 \$.00 \$.00

ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	34.01	\$.00	.000	\$.00	\$.29
PATHOLOGY	0	0		34.01		.00	.000		.00		.29
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	35	\$	1,902.86	\$	54.37	.302	\$	95.14	\$	16.40
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	20	35		1,902.86		54.37	.302		95.14		16.40
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	JRES	MONTH-OF-PAYMENT R	EPORT	FOR JAN 200	2 THRU	DEC	2002	PΖ	AGE 1,568
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE	II I	DISREG - DISABLED A	ID CC	DES 36 66 60					

----- MONTHLY AVERAGE -----116 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 25 195 2,297.46 11.78 1.681 \$ 91.90 \$ 19.81 5 165.73 .043 414.33 DURABLE MED. EQUIP. 828.65 7.14 .00 .00 .000 .00 BLOOD BANK .00 6 270.06 45.01 .052 135.03 2.33 HEARING AID DISPENSERS 65.62 MEDICAL TRANSPORTATION 122 328.10 2.69 1.052 2.83 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 7 38.31 5.47 .060 38.31 .33 OTHER TRANS 289.79 2.52 72.45 OTHER SERVICES 115 .991 2.50 ACUPUNCTURE 0 .00 .00 .000 .00 .00 .00 ADULT DAY HEALTH CARE CTR .00 .000 .00 .00 .00 GENETIC DISEASE TESTING .00 .000 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 0 .00 .00 .000 .00 OCCUPATIONAL THERAPIST .00 144.15 13.10 28.83 OPTICIAN .095 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES 9.83 9.83 .009 9.83 .08 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 716.67 14.33 ALL OTHER PROVIDERS .431 59.72 6.18 .00 \$.00 \$ @CALIF. CHILDREN SERVICES* .00 .000 \$.00 83.00 3,735.19 \$ 3.59 \$ @XOVER EXCLUDING STATE HOSP** 8.966 \$ 32.20

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002

PAGE 1,569

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

MOPUZ4	FEE-FOR-SERVICE/DENTAL			_	D.T.G.D.E.G.3.D.D.			3.TD GODE	4.6				01/1//03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R	TITLE I	Ι	DISREGARD	- FAMILIES		AID CODE					
											THLY AVERA	GE	
00 ELIGIBLES			SERVICE		EXPI	ENDITURES		RAGE COST			COST PER		COST PER
		YS	OF CARE					UNIT/DAY	PER ELI		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000		.00	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0			.00		.00	.000		.00		.00
OFFICE VISITS	0		0			.00		.00	.000		.00		.00
HOME VISITS	0		0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0			.00		.00	.000		.00		.00
INPATIENT VISITS	0		0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0			.00		.00	.000		.00		.00
CRITICAL CARE	0		0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0			.00		.00	.000		.00		.00
EXAMINATIONS	0		0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0			.00		.00	.000		.00		.00
DIALYSIS	0		0			.00		.00	.000		.00		.00
PATHOLOGY	0		0			.00		.00	.000		.00		.00
RADIOLOGY	0		0			.00		.00	.000		.00		.00
PSYCHIATRY	Û		0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		Ö			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0		0			.00		.00	.000		.00		.00
@PHARMACY	Û		0	\$.00	\$.00	.000	Ś	.00	\$.00
PRESCRIPTION DRUGS	0		0	т		.00	Т	.00	.000	7	.00	7	.00
SNF/ICF	Ô		0			.00		.00	.000		.00		.00
OUTPATIENTS	0		0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0		Ö			.00		.00	.000		.00		.00
@DENTIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	Ô		0	۲		.00	۲	.00	.000	٧	.00	Ψ	.00
ORAL SURGERY	0		0			.00		.00	.000		.00		.00
DRUGS	0		0			.00		.00	.000		.00		.00
ANESTHESIA	0		0			.00		.00	.000		.00		.00
PERIODONTICS	0		0			.00		.00	.000		.00		.00
ENDODONTICS	0		0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0			.00		.00	.000		.00		.00
PROSTHETICS	0		0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0			.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0			.00		.00	.000		.00		.00
	0		0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0										
FRACTURES, DISLOCATIONS ORTHODONTIC SERVICES						.00		.00	.000		.00		.00
	0		0 0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	U		U			.00		.00	.000		.00		.00

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,570 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD - FAMILIES AID CODE 46

COLUSA COUNTI	SUMMARI OF SERVI	ICES FOR		L DIS	DVEGWYD - LYMITIES		AID CODE	40				
								MC		HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES			UNITS/DAYS	S (COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00		.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00

01/17/03

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000 \$.00	.00
HSC HOSPITALS	0	0	.00	.00			
	0	0			.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	•	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES I					PAGE 1,571
MOP024	FEE-FOR-SERVICE			101(1 101(0111(2	.002 IIII(O DEC	2002	01/17/03
COLUSA COUNTY		ICES FOR TITLE II D	ISRECARD - FAMILIES	AID CODE	46		01/11/03
COLODA COUNTI	DOMMANT OF BENV	ICES FOR TITLE IT D.	ISKEGAKO FAMILIES	AID CODE	MONT	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
OO EDIGIDDES	OSERS	OR DAYS OF CARE	EXIENDITORES	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE	.00	\$.00	.000 \$.00	
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
	0	0			.000		
HSC HOSPITALS	0	0	.00	.00		.00	.00
NON-HSC HOSPITALS TOTAL	•	•	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	U	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00
MENDALLY III	0	0	0.0	.00	000	00	00

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MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

LEV B-REHAB MD	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		00	.000		.00		.00
LEV B-REGULAR	0	0		.00		00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.	00	.000	\$.00	\$.00
ICF DDH	0	0		.00		00	.000		.00		.00
ICF DD	0	0		.00		00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.	00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.	00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.	00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		00	.000		.00		.00
XO AND OTHERS	0	0		.00		00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.	00	.000	\$.00	\$.00
CLINIC	0	0		.00		00	.000		.00		.00
SURGICENTER	0	0		.00		00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE	ES MONTH-OF-P	AYMENT REP	ORT FOR	JAN 2002	THRU	DEC 2	2002	PAGE	1,572
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	TITLE II	DISREGARD -	FAMILIES	AID	CODE 46					

COLUDA COUNTI	SUMMANT OF SERVE	CES LOW ITTEE IT DISKEGAL	O LWHITIS	AID CODE	40		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE EX	YPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00

ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,573 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR TITLE II DISREGARD

0020011 0001111	SOLUTION OF SERVICES FOR THEE TERRORIS				MONTHLY AVERAGE							
260 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S (COST PER		COST PER	
		OR DAYS OF CAR	E		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE	
@TOTAL, ALL PROVIDERS	232	2,165	\$	63,055.99	\$	29.13	8.327	\$	271.79	\$	242.52	
@PHYSICIANS SERVICES	39	92	\$	1,381.56	\$	15.02	.354	\$	35.42	\$	5.31	
OUTPATIENT VISITS	3	3		120.76		40.25	.012		40.25		.46	
OFFICE VISITS	3	3		120.76		40.25	.012		40.25		.46	
HOME VISITS	0	0		.00		.00	.000		.00		.00	
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00	
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00	
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00	
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00	
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00	
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00	
CRITICAL CARE	0	0		.00		.00	.000		.00		.00	
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00	
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00	
EXAMINATIONS	0	0		.00		.00	.000		.00		.00	
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00	
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00	
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00	
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00	
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00	
DIALYSIS	0	0		.00		.00	.000		.00		.00	
PATHOLOGY	0	0		.00		.00	.000		.00		.00	
RADIOLOGY	0	0		1.01		.00	.000		.00		.00	
PSYCHIATRY	0	0		.00		.00	.000		.00		.00	
IMMUNIZATION AND INJECTION	1	2		35.16		17.58	.008		35.16		.14	
OTHER SERVICES/ALL X-OVERS	36	87		1,224.63		14.08	.335		34.02		4.71	
@PHARMACY	207	1,473	\$	48,040.87	\$	32.61	5.665	\$	232.08	\$	184.77	
PRESCRIPTION DRUGS	199	684		46,094.20	·	67.39	2.631		231.63	·	177.29	
SNF/ICF	1	13		560.57		43.12	.050		560.57		2.16	
OUTPATIENTS	198	671		45,533.63		67.86	2.581		229.97		175.13	
MEDICAL SUPPLIES	22	789		1,946.67		2.47	3.035		88.49		7.49	
@DENTIST	1	2	\$	70.00	\$	35.00	.008	\$	70.00	\$.27	
VISITS - DIAGNOSTIC	1	2	·	70.00	·	35.00	.008	·	70.00	·	.27	
ORAL SURGERY	0	0		.00		.00	.000		.00		.00	
DRUGS	0	0		.00		.00	.000		.00		.00	
ANESTHESIA	0	0		.00		.00	.000		.00		.00	
PERIODONTICS	0	0		.00		.00	.000		.00		.00	
ENDODONTICS	0	0		.00		.00	.000		.00		.00	
RESTORATIVE DENTISTRY	0	Ŏ		.00		.00	.000		.00		.00	
PROSTHETICS	0	0		.00		.00	.000		.00		.00	
	ŭ	ŭ		• • • •								

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	C 2002	PAGE 1,574
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR TITLE II	DISREGARD				

0010011 0001111	001111111111111111111111111111111111111	1020 1010					MO	TNC	HLY AVERA	GE	
260 ELIGIBLES	USERS	UNITS OF	SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS	S (COST PER		COST PER
		OR DAYS	OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	12		25	\$ 406.98	\$	16.28	.096	\$	33.92	\$	1.57
DIAGNOSTIC AND ANC. PROCED	0		0	.00		.00	.000		.00		.00
EYE APPLIANCES	12		25	406.98		16.28	.096		33.92		1.57
OTHER OPTOMETRIC SERVICES	0		0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	.00		.00	.000		.00		.00
OTHER SERVICES	0		0	.00		.00	.000		.00		.00
@PODIATRIST	10		15	\$ 108.27	\$	7.22	.058	\$	10.83	\$.42
MEDICINE/INJECTIONS	0		0	.00		.00	.000		.00		.00
SURGERY/ANES.	0		0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0	.00		.00	.000		.00		.00
OTHER	10		15	108.27		7.22	.058		10.83		.42
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	55		215	\$ 3,984.49	\$	18.53	.827	\$	72.45	\$	15.32
HOSP INPATIENT TOTAL	1		3	812.00		270.67	.012	·	812.00	·	3.12
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	1		3	812.00		270.67	.012		812.00		3.12
ALL OTHER INPATIENT	0		0	.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	54		212	3,172.49		14.96	.815		58.75		12.20
MEDICAL	0		0	.00		.00	.000		.00		.00
SURGERY	0		0	.00		.00	.000		.00		.00
PATHOLOGY	1		4	45.02		11.26	.015		45.02		.17
RADIOLOGY	1		2	108.50		54.25	.008		108.50		.42
ROOM USE	0		0	.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	52		206	3,018.97		14.66	.792		58.06		11.61
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0	.00		.00	.000		.00		.00
HSC HOSPITALS	0		0	.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		Ō	.00		.00	.000		.00		.00
ANCILLARIES	0		0	.00		.00	.000		.00		.00
-											

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITURES MO	NTH-OF-PAYMENT REP	ORT FOR JAN 2	002 THRU DEG	C 2002	PAGE 1,575
MOP024	FEE-FOR-SERVICE/	DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR TITLE II DIS	REGARD				
					MON'	THLY AVERA	GE
260 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	55	215 \$	3,984.49	\$ 18.53	.827 \$	72.45	\$ 15.32
COMM HOSP INPATIENT TOTAL	1	3	812.00	270.67	.012	812.00	3.12
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	1	3	812.00	270.67	.012	812.00	3.12
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	54	212	3,172.49	14.96	.815	58.75	12.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
DA MILLOT O CIT	1	1	4 - 00	11 00	015	4 - 00	1 7

11.26

54.25

.00

45.02

.00

108.50

.015

.008

.000

45.02

108.50

.00

.17

.42

.00

4

2

1

0

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	52	20	6	3,018.97		14.66	.792		58.06		11.61
@STATE HOSPITAL	0		0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0	.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0	.00		.00	.000		.00		.00
@NURSING FACILITY	3	2	7 \$	3,076.72	\$	113.95	.104	\$	1025.57	\$	11.83
LEV A-INTERMEDIATE	0		0	.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0	.00		.00	.000		.00		.00
LEV B-REGULAR	3	2	7	3,076.72		113.95	.104		1025.57		11.83
@INTERMEDIATE CARE FACILDD	0		0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0	.00		.00	.000		.00		.00
ICF DD	0		0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0	.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	1		2 \$	38.07	\$	19.04	.008	\$	38.07	\$.15
PATHOLOGY	0		0	34.01		.00	.000		.00		.13
XO AND OTHERS	1		2	4.06		2.03	.008		4.06		.02
@ORGANIZED OUTPATIENT CLINIC	32	5	5 \$	2,990.56	\$	54.37	.212	\$	93.46	\$	11.50
CLINIC	0		0	.00		.00	.000		.00		.00
SURGICENTER	0		0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	32	5.		2,990.56		54.37	.212		93.46		11.50
#CALIF DEPT OF HEALTH SERV		-	ITURES	MONTH-OF-PAYMENT F	REPOR'	I FOR JAN	2002 THRU	DEC	2002	P7	AGE 1,576
MOP024	FEE-FOR-SERVICE/										01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR TIT	LE II 1	DISREGARD							
									'HLY AVERA	-	
260 ELIGIBLES	USERS	UNITS OF SER		EXPENDITURES			UNITS/DAY	-	COST PER		COST PER
		OR DAYS OF	CARE		PE	R UNIT/DAY	PER ELIG		USER	F	ELIGIBLE

260 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	47	259 \$	2,958.47	\$ 11.42	.996 \$	62.95	\$ 11.38
DURABLE MED. EQUIP.	2	3	612.63	204.21	.012	306.32	2.36
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	9	402.87	44.76	.035	134.29	1.55
MEDICAL TRANSPORTATION	6	128	371.30	2.90	.492	61.88	1.43
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	1	7	38.31	5.47	.027	38.31	.15
OTHER SERVICES	5	121	332.99	2.75	.465	66.60	1.28
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	12	27	379.46	14.05	.104	31.62	1.46
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	1	1		9.83	9.83	.004	9.83	.04
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	25	91		1,182.38	12.99	.350	47.30	4.55
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	103	1,238	\$	6,839.96	\$ 5.53	4.762	\$ 66.41	\$ 26.31
A* MOMAIC IN MURCE IINEC ADE CIVEN		TATECDMADEON	THEM ON	r v.				

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,577 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - AGED AID CODE 18

						Mo	TNC	HLY AVERA	GE	
195 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVER	AGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CARE		PER 1	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	177	3 , 028 \$	84,284.89	\$	27.84	15.528	\$	476.19	\$	432.23
@PHYSICIANS SERVICES	20	34 \$	977.23	\$	28.74	.174	\$	48.86	\$	5.01
OUTPATIENT VISITS	0	0	.00		.00	.000		.00		.00
OFFICE VISITS	0	0	.00		.00	.000		.00		.00
HOME VISITS	0	0	.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0	.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0	.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0	.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0	.00		.00	.000		.00		.00
INPATIENT VISITS	0	0	.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0	.00		.00	.000		.00		.00
CRITICAL CARE	0	0	.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0	.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0	.00		.00	.000		.00		.00
EXAMINATIONS	0	0	.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0	.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0	.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0	.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0	.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0	.00		.00	.000		.00		.00
DIALYSIS	0	0	.00		.00	.000		.00		.00
PATHOLOGY	0	0	.00		.00	.000		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
PSYCHIATRY	0	0	.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0	.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	20	34	977.23		28.74	.174		48.86		5.01
@PHARMACY	137	1 , 929 \$	35 , 076.67	\$	18.18	9.892	\$	256.03	\$	179.88
PRESCRIPTION DRUGS	116	509	28,624.99		56.24	2.610		246.77		146.79
SNF/ICF	5	19	734.08		38.64	.097		146.82		3.76
OUTPATIENTS	112	490	27 , 890.91		56.92	2.513		249.03		143.03
MEDICAL SUPPLIES	35	1,420	6,451.68		4.54	7.282		184.33		33.09
@DENTIST	2	2 \$	25.00	\$	12.50	.010	\$	12.50	\$.13
VISITS - DIAGNOSTIC	2	2	25.00		12.50	.010		12.50		.13
ORAL SURGERY	0	0	.00		.00	.000		.00		.00

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0									
FRACTURES, DISLOCATIONS	U	U		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURE	ES M	ONTH-OF-PAYMENT R	EPORT	FOR JAN 2	2002 THRU 1	DEC	2002	Р	AGE 1,578
MOP024	FEE-FOR-SERVICE	L/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUP	PORT - AGED		AID CODE	18				
							MO	TNC	HLY AVERA	GE	
195 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVER	AGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE					PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	Δ	6	\$	124.41	\$	20.74	.031	Ś	31.10		.64
DIAGNOSTIC AND ANC. PROCED	1	1	٧	47.45	۲	47.45	.005	Υ	47.45	Ψ.	.24
	7	5		76.96					25.65		.39
EYE APPLIANCES	3					15.39	.026				
OTHER OPTOMETRIC SERVICES	U	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	17	19	\$	182.57	\$	9.61	.097	\$	10.74	\$.94
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	17	19		182.57		9.61	.097		10.74		.94
@HOME HEALTH AGENCY	0	0	\$.00	\$.00		\$.00	\$.00
NURSE ANESTHESIST	0	0	Ċ	.00	Ċ	.00		\$.00	Ś	.00
	0	0	ب د		۲						
NURSE MIDWIFE	0	_	ې د	.00	ې څ	.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	Ş	.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	44	282	\$	9,024.95	\$	32.00	1.446	\$	205.11	\$	46.28
HOSP INPATIENT TOTAL	8	72		7,082.50		98.37	.369		885.31		36.32
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	72		7,082.50		98.37	.369		885.31		36.32
	0	0		•							
ALL OTHER INPATIENT	•	•		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	40	210		1,942.45		9.25	1.077		48.56		9.96
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	40	210		1,942.45		9.25	1.077		48.56		9.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL		0	'	.00		.00	.000		.00	r	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
1100 11001 1111110	U	O .		.00		.00	.000		• 0 0		• 0 0

NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	. 0.)	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00)	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	-	EC MON							PAGE 1,579
			ES MON	TH-OF-PAIMENT RE	LPORT	FOR JAN 2	2002 THRU L	EC 2002		•
MOP024	FEE-FOR-SERVICE/I		CIIDDO	NDE ACED		AID CODE	1.0			01/17/03
COLUSA COUNTY	SUMMARY OF SERVIC	LS FOR IN HOME	SUPPO	DRT - AGED		AID CODE		NIMIT 1/ N 1777	7 A C E	
10F BLICIPLES	HCEDC I	NIMO OF CEDUTOR		EXPENDIMIDEO	77700	ACE COCE	MC			
195 ELIGIBLES	USERS (UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		Χ.	COST PER
ACOMMINITAL HOODINAL HORAL	4.4	OR DAYS OF CARE	\$	0 004 05			PER ELIG	USER	ے ا	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	282 72	Ą	9,024.95	\$		1.446			
COMM HOSP INPATIENT TOTAL	8	72		7,082.50		98.37	.369	885.3		36.32
HSC HOSPITALS	0	•		.00		.00	.000	.01		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.01		.00
ACCOMMODATIONS	0	•		.00		.00	.000	.01		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.01		.00
TRANSITIONAL IP CARE	U	0		.00		.00	.000	.01		.00
ALL OTHER ACCOM	U	0		.00		.00	.000	.01		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	8	72		7,082.50		98.37	.369	885.3		36.32
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	40	210		1,942.45		9.25	1.077	48.5		9.96
MEDICAL	0	0		.00		.00	.000	.01		.00
SURGERY	0	0		.00		.00	.000	.01		.00
PATHOLOGY	Ü	0		.00		.00	.000	.01		.00
RADIOLOGY	0	0		.00		.00	.000	.01		.00
ROOM USE	0	0		.00		.00	.000	.01		.00
CROSSOVERS/ALL OTH OUTPTNT		210		1,942.45		9.25	1.077	48.5		9.96
@STATE HOSPITAL	0	0	\$.00	\$.00		•) \$	
MENTALLY ILL	0	0		.00		.00	.000	.01		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.01		.00
@NURSING FACILITY	10	337	\$	32 , 420.77	\$	96.20		\$ 3242.0		
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
TELL D. DECLITAD	1 0	227		22 420 77		0 (20	1 720	2212 0	2	1 (() (

LEV B-REGULAR

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

HOSPITAL BASED

ICF DDH

ICF DD

@INTERMEDIATE CARE FACIL.-DD

10

0

0

0

0

0

0

337

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32,420.77

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166.26

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@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	2.49	\$	2.49	.005	\$	2.49	\$.01
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	1	1		2.49		2.49	.005		2.49		.01
@ORGANIZED OUTPATIENT CLINIC	23	27	\$	1,309.22	\$	48.49	.138	\$	56.92	\$	6.71
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	1	1		191.78		191.78	.005		191.78		.98
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	22	26		1,117.44		42.98	.133		50.79		5.73
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	Р	AGE 1,580
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR IN HOM	E SU	UPPORT - AGED		AID CODE	18				
							N	TNON	HLY AVERA	GΕ	
195 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	ZS.	COST PER		COST PER
		OR DAYS OF CAR	E.		PER	. UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	68	391	\$	5,141.58	\$	13.15	2.005	\$	75.61	\$	26.37
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	6	129		314.55		2.44	.662		52.43		1.61
AMBULANCES/AIR TRANS	0	0		.00		.00	.000		.00		.00
OTHER TRANS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	6	129		314.55		2.44	.662		52.43		1.61
ACUPUNCTURE	0	0		.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	0	0		.00		.00	.000		.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	66	262	4,827.03	18.42	1.344	73.14	24.75
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	115	660	\$ 15,574.38	\$ 23.60	3.385	\$ 135.43	\$ 79.87

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,581
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	IN HOME	SUPPORT	- BLIND		AID CODE	28				
								MC	NTE	ILY AVERAG	GE -	
24 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES			UNITS/DAYS	3 (COST PER	C	OST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	24		118	\$	2,696.73	\$	22.85	4.917	\$	112.36	\$	112.36
@PHYSICIANS SERVICES	14		44	\$	155.34	\$	3.53	1.833	\$	11.10	\$	6.47
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	0		0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00		.00
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00		.00
EXAMINATIONS	0		0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	14		44		155.34		3.53	1.833		11.10		6.47
@PHARMACY	12		45	\$	1,901.59	\$		1.875	\$	158.47	\$	79.23
PRESCRIPTION DRUGS	12		42		1,827.87		43.52	1.750		152.32		76.16

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	12	42		1,827.87		43.52	1.750		152.32	7	6.16
MEDICAL SUPPLIES	1	3		73.72		24.57	.125		73.72		3.07
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT RI	EPORT	FOR JAN	2002 THRU	DEC	2002	PAGE	1,582
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOM	E SUPPORT ·	- BLIND		AID CODE	28				

----- MONTHLY AVERAGE -----24 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 .00 Ś .00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES Ω 0 .00 .00 .000 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES Ω .00 .00 . 00 .00 \$ @CHIROPRACTOR .00 .00 .000 \$.00 VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 .00 \$.00 .00 \$ @PODIATRIST .000 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 Ω .00 .00 .000 .00 .00 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .000 \$ NURSE MIDWIFE .00 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 \$.00 \$.00 0 .00 FAMILY NURSE PRACTITIONER .00 .00 .000 \$ Ś .00 @TOTAL HOSPITAL 76.86 8.54 .375 \$ 25.62 \$ 3.20 HOSP INPATIENT TOTAL .00 .00 .000 .00 .00 HSC HOSPITALS .00 . 00 .000 . 00 . 00 .00 NON-HSC HOSPITAL TOTAL .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .00 .00 ANCILLARIES .000 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .000 76.86 8.54 25.62 HOSP OUTPATIENT TOTAL .375 3.20 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 .00 PATHOLOGY .00 .000 .00 .00

RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	9	76.86	8.54	.375	25.62	3.20
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES	MONTH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU DEC	C 2002	PAGE 1,583
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT - BLIND	AID CODE	28		
					MON'	THLY AVERAG	E

						NTHLY AVERA	GE
24 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3	9	\$ 76.86	\$ 8.54	.375	\$ 25.62	\$ 3.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	3	9	76.86	8.54	.375	25.62	3.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	3	9	76.86	8.54	.375	25.62	3.20
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	.00	\$.00

ICF DDH	0	0	.00)	.00	.000		.00		.00
ICF DD	0	0	.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00) \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00)	.00	.000		.00		.00
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00) \$.00	.000	\$.00	\$.00
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	.00)	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	YPENDITURE	S MONTH-OF-PAYMENT	REPORT	FOR JAN 2002	THRU	DEC 20	02	PAGE	1,584
MOP024	FEE-FOR-SERVICE/DENTAL								01	./17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOME	SUPPORT - BLIND		AID CODE 28					

----- MONTHLY AVERAGE -----

24 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 6 20 562.94 28.15 .833 \$ 93.82 \$ 23.46 DURABLE MED. EQUIP. 83.51 41.76 .083 83.51 1 3.48 .00 .00 .000 .00 .00 BLOOD BANK HEARING AID DISPENSERS .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .00 .00 .000 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 OPTICIAN .00 .00 .000 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPICE SERVICES NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .00 .000 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .00 .000 .00 0 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 18 479.43 26.64 .750 19.98 ALL OTHER PROVIDERS 95.89 .00 .00 \$.00 @CALIF. CHILDREN SERVICES* .000 \$ \$.00 37.40 785.35 \$ 10.61 3.083 \$ 32.72 @XOVER EXCLUDING STATE HOSP**

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,585 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

COLUSA COUNTY

						MO	NTHLY AVERA	GE
109 ELIGIBLES	USERS	UNITS OF SERVICE	€.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	€		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	112	3,086	\$	89,740.24	\$ 29.08	28.312	\$ 801.25	\$ 823.30
@PHYSICIANS SERVICES	26	96	\$	917.54	\$ 9.56	.881	\$ 35.29	\$ 8.42
OUTPATIENT VISITS	5	7		160.18	22.88	.064	32.04	1.47
OFFICE VISITS	5	7		160.18	22.88	.064	32.04	1.47
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	13		258.06	19.85	.119	258.06	2.37
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	13		258.06	19.85	.119	258.06	2.37
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00

RADIOLOGY	1	1		29.06		29.06	.009		29.06		.27
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	20	75		470.24		6.27	.688		23.51		4.31
@PHARMACY	102	2,450	\$	57,318.48	\$	23.40	22.477	\$	561.95	\$	525.86
PRESCRIPTION DRUGS	99	480		49,758.30		103.66	4.404		502.61		456.50
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	99	480		49,758.30		103.66	4.404		502.61		456.50
MEDICAL SUPPLIES	35	1,970		7,560.18		3.84	18.073		216.01		69.36
@DENTIST	3	21	\$	388.00	\$	18.48	.193	\$	129.33	\$	3.56
VISITS - DIAGNOSTIC	3	17		232.00		13.65	.156		77.33		2.13
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	4		156.00		39.00	.037		156.00		1.43
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURE	S MONTH-C	F-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 1,586

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT - DISABLED AID CODE 68

----- MONTHLY AVERAGE -----109 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 4 22.18 .037 \$ 44.35 \$ 88.70 .81 35.59 35.59 .009 35.59 DIAGNOSTIC AND ANC. PROCED 1 .33 EYE APPLIANCES 3 53.11 17.70 .028 53.11 .49 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 .000 .00 VISITS Ω .00 .00 .00 .00 .00 OTHER SERVICES .000 .00 2.44 @PODIATRIST 7.32 .028 \$ 3.66 \$.07 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 7.32 2.44 .028 3.66 .07 396.65 \$ @HOME HEALTH AGENCY 28 1,983.24 \$ 70.83 .257 \$ 18.19 NURSE ANESTHESIST .00 \$.00 .000 \$.00 . 00 .00 .00 .000 \$.00 .00 NURSE MIDWIFE .00 0 .00 .00 .000 \$ \$.00 PEDIATRIC NURSE PRACTITIONER 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 135 \$ 170.59 @TOTAL HOSPITAL 23,029.02 1.239 \$ 1001.26 \$ 211.28 HOSP INPATIENT TOTAL 22,062.60 334.28 .606 5515.65 202.41 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 .000 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .00 .000 .00 ANCILLARIES .00 .00 .000 .00 .00

TNDAETENE CDOCCOTTEDC	1	6.6		22 062 60		224 20	C O C		FF1F CF		202 41
INPATIENT CROSSOVERS	4	66		22,062.60		334.28	.606		5515.65		202.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	20	69		966.42		14.01	.633		48.32		8.87
MEDICAL	0	0		43.20		.00	.000		.00		.40
SURGERY	0	0		3.15		.00	.000		.00		.03
PATHOLOGY	1	1		21.43		21.43	.009		21.43		.20
RADIOLOGY	1	1		93.43		93.43	.009		93.43		.86
ROOM USE	0	0		10.89		.00	.000		.00		.10
CROSSOVERS/ALL OTH OUTPTNT	18	67		794.32		11.86	.615		44.13		7.29
@COUNTY HOSPITAL TOTAL	0		\$		\$.00	.000	Ś	.00	Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	Υ	.00	Ψ	.00	.000	٧	.00	٣	.00
	0	0		.00			.000		.00		
HSC HOSPITALS	0	-				.00					.00
NON-HSC HOSPITALS TOTAL	U	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
SURGERY	0	0									
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	Ü	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITURE	S MON	TH-OF-PAYMENT RE	PORT	' FOR JAN	2002 THRU 1	DEC	2002	PF	AGE 1,587
340,000,00											01/17/03
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/1/03
MOPUZ4 COLUSA COUNTY		DENTAL ICES FOR IN HOME	SUPPO	RT - DISABLED		AID CODE	68				01/1//05
			SUPPO	RT - DISABLED		AID CODE	68 Mo	TNC	HLY AVERA	GE -	
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR IN HOME	SUPPC		AVE		Mo				
COLUSA COUNTY		ICES FOR IN HOME UNITS OF SERVICE	SUPPC	RT - DISABLED EXPENDITURES		RAGE COST	UNITS/DAY	S	COST PER	C	COST PER
COLUSA COUNTY 109 ELIGIBLES	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES	PER	RAGE COST UNIT/DAY	MOUNITS/DAY:	S	COST PER USER	E	COST PER
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135	SUPPC	EXPENDITURES 23,029.02	PER	RAGE COST UNIT/DAY 170.59	UNITS/DAYS PER ELIG 1.239	S	COST PER USER 1001.26	E	COST PER ELIGIBLE 211.28
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVE USERS 23 4	UNITS OF SERVICE OR DAYS OF CARE 135 66		EXPENDITURES 23,029.02 22,062.60	PER	RAGE COST UNIT/DAY 170.59 334.28	UNITS/DAY: PER ELIG 1.239 .606	S	COST PER USER 1001.26 5515.65	E	COST PER ELIGIBLE 211.28 202.41
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVE USERS 23 4 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0		23,029.02 22,062.60 .00	PER	RAGE COST UNIT/DAY 170.59 334.28	MG UNITS/DAY: PER ELIG 1.239 .606 .000	S	COST PER USER 1001.26 5515.65	E	COST PER ELIGIBLE 211.28 202.41
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVE USERS 23 4 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0		23,029.02 22,062.60 .00	PER	RAGE COST 170.59 334.28 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000	S	COST PER USER 1001.26 5515.65 .00	E	COST PER ELIGIBLE 211.28 202.41 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVE USERS 23 4 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0		23,029.02 22,062.60 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000	S	COST PER USER 1001.26 5515.65 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0		23,029.02 22,062.60 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000	S	USER 1001.26 5515.65 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVE USERS 23 4 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0		23,029.02 22,062.60 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000	S	USER 1001.26 5515.65 .00 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0		23,029.02 22,062.60 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000	S	USER 1001.26 5515.65 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0		23,029.02 22,062.60 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000	S	USER 1001.26 5515.65 .00 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0		23,029.02 22,062.60 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0		23,029.02 22,062.60 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT	SUMMARY OF SERV	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 66		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00	MOUNITS/DAYS PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 4 0 20	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 66 0 69		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MOUNITS/DAYS PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 48.32	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 4 0 20 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 66 0 69		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M(UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 48.32 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 4 0 20 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 66 0 69 0		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .100 .00	M(UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .48.32 .00 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 0 4 0 20 0 0 1	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 0 0 1		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .14.01 .00 .00 .00 .21.43	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 0 0 20 0 0 1 1	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 0 1 1		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	SUMMARY OF SERV: USERS 23 4 0 0 0 0 0 0 0 0 20 0 0 1 1 1 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 0 1 1		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 1 1 1 0 67	Ş	23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MOUNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13	\$	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 1 1 1 0 67 0		23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13 .00	E	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 1 1 1 0 67 0 0	Ş	23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13 .00 .00	\$	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 66 0 69 0 0 1 1 1 0 67 0 0 0	\$ \$	23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .22,062.60 .00 .966.42 43.20 3.15 21.43 93.43 10.89 794.32 .00 .00	PER \$	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13 .00 .00 .00	\$ \$	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 66 0 69 0 0 1 1 1 0 67 0 0 0	Ş	23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .00	PER \$	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S sp sp	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13 .00 .00	\$ \$	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 109 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	SUMMARY OF SERVE USERS 23 4 0 0 0 0 0 0 0 0 0 20 0 1 1 1 0 18 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 135 66 0 0 0 0 0 0 0 0 66 0 69 0 0 1 1 1 0 67 0 0 0	\$ \$	23,029.02 22,062.60 .00 .00 .00 .00 .00 .00 .00 .00 .22,062.60 .00 .966.42 43.20 3.15 21.43 93.43 10.89 794.32 .00 .00	PER \$	RAGE COST UNIT/DAY 170.59 334.28 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	MO UNITS/DAY: PER ELIG 1.239 .606 .000 .000 .000 .000 .000 .000 .00	S sp sp	COST PER USER 1001.26 5515.65 .00 .00 .00 .00 .00 .00 5515.65 .00 48.32 .00 .00 21.43 93.43 .00 44.13 .00 .00 .00	\$ \$	COST PER ELIGIBLE 211.28 202.41 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

LEV B-REHAB MD	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	2	0	77.55		.00	.000		38.78		.71
@INTERMEDIATE CARE FACILDD	0	0 5	\$.00		.00	.000	\$.00	\$.00
ICF DDH	0	0	.00		.00	.000		.00		.00
ICF DD	0	0	.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0	.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	2	2 5	\$ 911.82	\$	455.91	.018	\$	455.91	\$	8.37
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	2	2	911.82		455.91	.018		455.91		8.37
@REHABILITATION FACILITY	0	0 5	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	4 5	\$ 29.36	\$	7.34	.037	\$	29.36	\$.27
PATHOLOGY	1	4	29.36		7.34	.037		29.36		.27
XO AND OTHERS	0	0	.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	12	20	\$ 1,431.68		71.58	.183	\$	119.31	\$	13.13
CLINIC	0	0	.00		.00	.000		.00		.00
SURGICENTER	0	0	.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	12	20	1,431.68		71.58	.183		119.31		13.13
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURE:	S MONTH-OF-PAYMENT	REPORT	FOR JAN 20	02 THRU	DEC	2002	PA	AGE 1,588
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	SUPPORT - DISABLED		AID CODE 6	8				

----- MONTHLY AVERAGE -----109 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 21 323 3,557.53 11.01 2.963 \$ 169.41 \$ 32.64 1 121.24 121.24 .009 121.24 1.11 DURABLE MED. EQUIP. 1 0 0 BLOOD BANK .00 .00 .000 .00 .00 3 HEARING AID DISPENSERS 1,504.76 501.59 .028 501.59 13.81 364.85 MEDICAL TRANSPORTATION 268 1,459.38 5.45 2.459 13.39 AMBULANCES/AIR TRANS 0 0 .00 .00 .000 .00 .00 OTHER TRANS 3 245 1,341.47 5.48 2.248 447.16 12.31 OTHER SERVICES 23 117.91 5.13 .211 117.91 1.08 ACUPUNCTURE 0 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 52.16 13.04 .037 26.08 .48 PHYSICAL THERAPIST .00 . 00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 PROSTHETICS .00 .00 ORTHOTICS .00 .00 .000 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 NONINST BIRTHING CENTERS .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00

ALL OTHER PROVIDERS	11	47	419.99	8.94	.431	38.18	3.85
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	49	855	\$ 28,277.68	\$ 33.07	7.844	\$ 577.10	\$ 259.43

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,589 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR IN HOME SUPPORT

0020011 0001111				MONTHLY AVERAGE							
328 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE	⊙		PER	. UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	313	6,232	\$	176,721.86	\$	28.36	19.000	\$	564.61	\$	538.79
@PHYSICIANS SERVICES	60	174	\$	2,050.11	\$	11.78	.530	\$	34.17	\$	6.25
OUTPATIENT VISITS	5	7		160.18		22.88	.021		32.04		.49
OFFICE VISITS	5	7		160.18		22.88	.021		32.04		.49
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	13		258.06		19.85	.040		258.06		.79
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	13		258.06		19.85	.040		258.06		.79
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	1		29.06		29.06	.003		29.06		.09
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	54	153		1,602.81		10.48	.466		29.68		4.89
@PHARMACY	251	4,424	\$	- ,	\$	21.31	13.488	\$	375.68	\$	287.49
PRESCRIPTION DRUGS	227	1,031		80,211.16		77.80	3.143		353.35		244.55
SNF/ICF	5	19		734.08		38.64	.058		146.82		2.24
OUTPATIENTS	223	1,012		79 , 477.08		78.53	3.085		356.40		242.31
MEDICAL SUPPLIES	71	3 , 393		14,085.58		4.15	10.345		198.39		42.94
@DENTIST	5	23	\$	413.00	\$	17.96	.070	\$	82.60	\$	1.26
VISITS - DIAGNOSTIC	5	19		257.00		13.53	.058		51.40		.78
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	4		156.00		39.00	.012		156.00		.48
PROSTHETICS	0	0		.00		.00	.000		.00		.00

DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU D	EC 2002	PAGE 1,590
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR IN HOME SUP	PORT				
					MC	NTHLY AVERAG	E

						M	ON'	LHLY AVERA	(GE	
328 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	6	10	\$ 213.11	\$	21.31	.030	\$	35.52	\$.65
DIAGNOSTIC AND ANC. PROCED	2	2	83.04		41.52	.006		41.52		.25
EYE APPLIANCES	4	8	130.07		16.26	.024		32.52		.40
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	19	22	\$ 189.89	\$	8.63	.067	\$	9.99	\$.58
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	19	22	189.89		8.63	.067		9.99		.58
@HOME HEALTH AGENCY	5	28	\$ 1,983.24	\$	70.83	.085	\$	396.65	\$	6.05
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	70	426	\$ 32,130.83	\$	75.42	1.299	\$	459.01	\$	97.96
HOSP INPATIENT TOTAL	12	138	29,145.10		211.20	.421		2428.76		88.86
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00

NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	12	138		29,145.10	211.20	.421	2428.76	8	8.86
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	63	288		2,985.73	10.37	.878	47.39		9.10
MEDICAL	0	0		43.20	.00	.000	.00		.13
SURGERY	0	0		3.15	.00	.000	.00		.01
PATHOLOGY	1	1		21.43	21.43	.003	21.43		.07
RADIOLOGY	1	1		93.43	93.43	.003	93.43		.28
ROOM USE	0	0		10.89	.00	.000	.00		.03
CROSSOVERS/ALL OTH OUTPINT	61	286		2,813.63	9.84	.872	46.13		8.58
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-C	OF-PAYMENT REP	ORT FOR JAN	2002 THRU I	DEC 2002		1,591
	FEE-FOR-SERVICE/DENTAL							01	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	IN HOME S	UPPORT						
						MC	ONTHLY AVERA	GE	

328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	70	426 \$	32,130.83	\$ 75.42	1.299 \$	459.01	\$ 97.96
COMM HOSP INPATIENT TOTAL	12	138	29,145.10	211.20	.421	2428.76	88.86
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	12	138	29,145.10	211.20	.421	2428.76	88.86
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	63	288	2,985.73	10.37	.878	47.39	9.10
MEDICAL	0	0	43.20	.00	.000	.00	.13
SURGERY	0	0	3.15	.00	.000	.00	.01
PATHOLOGY	1	1	21.43	21.43	.003	21.43	.07
RADIOLOGY	1	1	93.43	93.43	.003	93.43	.28
ROOM USE	0	0	10.89	.00	.000	.00	.03

CROSSOVERS/ALL OTH OUTPTNT	61		286		2,813.63		9.84	.872		46.13		8.58	
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00	
MENTALLY ILL	0		0		.00		.00	.000		.00		.00	
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00	
@NURSING FACILITY	12		337	\$	32,498.32	\$	96.43	1.027	\$	2708.19	\$	99.08	
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00	
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00	
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00	
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00	
LEV B-REGULAR	12		337		32,498.32		96.43	1.027		2708.19		99.08	
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00	
ICF DDH	0		0		.00		.00	.000		.00		.00	
ICF DD	0		0		.00		.00	.000		.00		.00	
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00	
@HEMODIALYSIS TOTAL	2		2	\$	911.82	\$	455.91	.006	\$	455.91	\$	2.78	
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00	
HEMODIALYSIS CENTER	2		2		911.82		455.91	.006		455.91		2.78	
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00	
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00	
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00	
@LABORATORY FACILITY	2		5	\$	31.85	\$	6.37	.015	\$	15.93	\$.10	
PATHOLOGY	1		4		29.36		7.34	.012		29.36		.09	
XO AND OTHERS	1		1		2.49		2.49	.003		2.49		.01	
@ORGANIZED OUTPATIENT CLINIC	35		47	\$	2,740.90	\$	58.32	.143	\$	78.31	\$	8.36	
CLINIC	0		0		.00		.00	.000		.00		.00	
SURGICENTER	1		1		191.78		191.78	.003		191.78		.58	
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00	
RURAL HEALTH CLINIC	34		46		2,549.12		55.42	.140		74.97		7.77	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXI	PENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 1,592	
MOP024	FEE-FOR-SERVICE/I	ENTAL										01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICE	CES FOR	IN HOME	SUPPOR	Γ								
									ONT	NTHLY AVERAGE			
328 ELIGIBLES	USERS (SERVICE		EXPENDITURES		RAGE COST	/	-	COST PER		COST PER	
		OR DAYS					UNIT/DAY	PER ELIG		USER		CLIGIBLE	
QALL OTHER PROVIDERS	95		734	Ś	9 262 05	Ś	12 62	2 238	Ś	97 50	Ś	28 24	

328 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	95	734 \$	9,262.05	\$ 12.62	2.238		\$ 28.24
DURABLE MED. EQUIP.	2	3	204.75	68.25	.009	102.38	.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3	1,504.76	501.59	.009	501.59	4.59
MEDICAL TRANSPORTATION	10	397	1,773.93	4.47	1.210	177.39	5.41
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	3	245	1,341.47	5.48	.747	447.16	4.09
OTHER SERVICES	7	152	432.46	2.85	.463	61.78	1.32
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	2	4	52.16	13.04	.012	26.08	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	82	327	5,726.45	17.51	.997	69.83	17.46
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	185	1,589	\$ 44,637.41	\$ 28.09	4.845	\$ 241.28	\$ 136.09

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,593
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - AGED

COLUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED					
						MC			
2,408 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		UNITS/DAYS	; 1		COST PER
_		OR DAYS OF CARE			- ,	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,773	19,377	\$	590,797.44	\$ 30.49	8.047			\$ 245.35
@PHYSICIANS SERVICES	290	743	\$	10,510.31	\$ 14.15	.309	\$		\$ 4.36
OUTPATIENT VISITS	2	3		130.90	43.63	.001		65.45	.05
OFFICE VISITS	2	3		130.90	43.63	.001		65.45	.05
HOME VISITS	0	0		.00	.00	.000		.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000		.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000		.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000		.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000		.00	.00
INPATIENT VISITS	0	0		.00	.00	.000		.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000		.00	.00
CRITICAL CARE	0	0		.00	.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00	.00
EXAMINATIONS	0	0		.00	.00	.000		.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000		.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000		.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000		.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00	.00
DIALYSIS	0	0		.00	.00	.000		.00	.00
PATHOLOGY	0	0		.00	.00	.000		.00	.00
RADIOLOGY	1	1		32.89	32.89	.000		32.89	.01
PSYCHIATRY	0	0		.00	.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	288	739		10,346.52	14.00	.307		35.93	4.30
@PHARMACY	1,542	11,018	\$	384,132.49	\$ 34.86	4.576	\$	249.11	\$ 159.52
PRESCRIPTION DRUGS	1,501	5 , 359		366,069.83	68.31	2.225		243.88	152.02
SNF/ICF	15	70		2,474.66	35.35	.029		164.98	1.03
OUTPATIENTS	1,489	5 , 289		363,595.17	68.75	2.196		244.19	150.99
MEDICAL SUPPLIES	148	5 , 659		18,062.66	3.19	2.350		122.05	7.50
@DENTIST	43	170	\$	8,630.00	\$ 50.76	.071	\$	200.70	\$ 3.58
VISITS - DIAGNOSTIC	32	110		1,427.00	12.97	.046		44.59	.59
ORAL SURGERY	4	16		716.00	44.75	.007		179.00	.30

DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	2	2		110.00		55.00	.001		55.00		.05
ENDODONTICS	2	2		590.00		295.00	.001		295.00		.25
RESTORATIVE DENTISTRY	13	26		2,652.00		102.00	.011		204.00		1.10
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	7	14		3,135.00		223.93	.006		447.86		1.30
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXPENDITUR	ES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2		DEC	2002	Р	AGE 1,594
MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC	ASSI	STANCE - AGED							
							M	ONT	HLY AVERA	GE	
2,408 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
•		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	46	101	\$	1,690.97	\$	16.74	.042	\$	36.76	\$.70
DIAGNOSTIC AND ANC. PROCED	6	6		205.95		34.33	.002		34.33		.09
EYE APPLIANCES	37	88		1,417.25		16.11	.037		38.30		.59
OTHER OPTOMETRIC SERVICES	3	7		67.77		9.68	.003		22.59		.03
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	78	86	\$	787.60	\$	9.16	.036	\$	10.10	\$.33
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	78	86		787.60		9.16	.036		10.10		.33
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	\$	23.57	\$	2.62	.004	\$	23.57	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
OMOMAI HOODIMAI	272	1 (1)	ċ	70 005 07	Ċ	42 05	C70	ċ	100 55	ċ	20 44

@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	78	86	\$ 787.60	\$ 9.16	.036	\$ 10.10	\$.33
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	78	86	787.60	9.16	.036	10.10	.33
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	9	\$ 23.57	\$ 2.62	.004	\$ 23.57	\$.01
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	372	1,613	\$ 70,885.27	\$ 43.95	.670	\$ 190.55	\$ 29.44
HOSP INPATIENT TOTAL	37	219	53,980.22	246.49	.091	1458.92	22.42
HSC HOSPITALS	1	2	1,773.89	886.95	.001	1773.89	.74
NON-HSC HOSPITAL TOTAL	3	23	24,789.78	1077.82	.010	8263.26	10.29
ACCOMMODATIONS	2	23	12,680.77	551.34	.010	6340.39	5.27
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	23	12,680.77	551.34	.010	6340.39	5.27
ANCILLARIES	3	0	12,109.01	.00	.000	4036.34	5.03
INPATIENT CROSSOVERS	33	194	27,416.55	141.32	.081	830.80	11.39
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	353	1,394	16,905.05	12.13	.579	47.89	7.02
MEDICAL	2	3	100.70	33.57	.001	50.35	.04
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	2	34.90	17.45	.001	34.90	.01
ROOM USE	1	1	31.93	31.93	.000	31.93	.01
CROSSOVERS/ALL OTH OUTPINT	351	1,388	16,737.52	12.06	.576	47.69	6.95
@COUNTY HOSPITAL TOTAL	1	2	\$ 1,773.89	\$ 886.95	.001	\$	\$.74
CO HOSPITAL INPATIENT TOTAL	1	2	1,773.89	886.95	.001	1773.89	.74
HSC HOSPITALS	1	2	1,773.89	886.95	.001	1773.89	.74

NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00			.00	
	0	0		.00	.000		.00
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	U	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,595
MODOOA	EEE EOD GEDVICE/D	T.1.T.7.T					01/17/02
MOP024	FEE-FOR-SERVICE/D	ENTAL					01/17/03
MOPUZ4 COLUSA COUNTY		ENTAL ES FOR PUBLIC ASSIS'	TANCE - AGED				01/1//03
			IANCE - AGED		MON'	THLY AVERA	
	SUMMARY OF SERVIC		IANCE - AGED EXPENDITURES	AVERAGE COST		THLY AVERA COST PER	
COLUSA COUNTY	SUMMARY OF SERVICUSERS U	ES FOR PUBLIC ASSIS		AVERAGE COST PER UNIT/DAY	UNITS/DAYS		GE
COLUSA COUNTY	SUMMARY OF SERVICUSERS U	ES FOR PUBLIC ASSIST			UNITS/DAYS	COST PER USER	GE COST PER ELIGIBLE
COLUSA COUNTY 2,408 ELIGIBLES	SUMMARY OF SERVIC USERS U	ES FOR PUBLIC ASSIST NITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	GE COST PER ELIGIBLE
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	SUMMARY OF SERVIC USERS U 371	ES FOR PUBLIC ASSIST NITS OF SERVICE OR DAYS OF CARE 1,611 \$	EXPENDITURES 69,111.38	PER UNIT/DAY \$ 42.90	UNITS/DAYS PER ELIG .669 \$	COST PER USER 186.28	GE COST PER ELIGIBLE \$ 28.70
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217	EXPENDITURES 69,111.38 52,206.33	PER UNIT/DAY \$ 42.90 240.58	UNITS/DAYS PER ELIG .669 \$.090	COST PER USER 186.28 1450.18	GE COST PER ELIGIBLE \$ 28.70 21.68
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78	PER UNIT/DAY \$ 42.90 240.58 .00	UNITS/DAYS PER ELIG .669 \$.090 .000	COST PER USER 186.28 1450.18 .00	COST PER ELIGIBLE \$ 28.70 21.68 .00
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010	COST PER USER 186.28 1450.18 .00 8263.26 6340.39	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23 23	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77 .00	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34 .00	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010 .000	COST PER USER 186.28 1450.18 .00 8263.26 6340.39 .00	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27 .00
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23 23 0 0	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77 .00 .00	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34 .00 .00	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010 .000 .000	COST PER USER 186.28 1450.18 .00 8263.26 6340.39 .00 .00	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27 .00 .00
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23 23 0 0 23	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77 .00 .00 12,680.77	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34 .00 .00 551.34	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010 .000 .000 .010	COST PER USER 186.28 1450.18 .00 8263.26 6340.39 .00 .00 6340.39	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27 .00 .00 5.27
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES	SUMMARY OF SERVICE USERS U 371 36 0 3 2 0 0 2 3	ES FOR PUBLIC ASSIST NITS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23 23 0 0 23 0	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77 .00 .00 12,680.77 12,109.01	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34 .00 .00 551.34 .00	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010 .000 .000 .000	COST PER USER 186.28 1450.18 .00 8263.26 6340.39 .00 .00 6340.39 4036.34	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27 .00 .00 5.27 5.03
COLUSA COUNTY 2,408 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM	SUMMARY OF SERVIC USERS U 371 36	ES FOR PUBLIC ASSISTANTS OF SERVICE OR DAYS OF CARE 1,611 \$ 217 0 23 23 0 0 23	EXPENDITURES 69,111.38 52,206.33 .00 24,789.78 12,680.77 .00 .00 12,680.77	PER UNIT/DAY \$ 42.90 240.58 .00 1077.82 551.34 .00 .00 551.34	UNITS/DAYS PER ELIG .669 \$.090 .000 .010 .010 .000 .000 .010	COST PER USER 186.28 1450.18 .00 8263.26 6340.39 .00 .00 6340.39	COST PER ELIGIBLE \$ 28.70 21.68 .00 10.29 5.27 .00 .00 5.27

COMM HOSP OUTPATIENT TOTAL	353	1,394		16,905.05		12.13	.579		47.89		7.02
MEDICAL	2	3		100.70		33.57	.001		50.35		.04
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	1	2		34.90		17.45	.001		34.90		.01
ROOM USE	1	1		31.93		31.93	.000		31.93		.01
CROSSOVERS/ALL OTH OUTPINT	351	1,388		16,737.52		12.06	.576		47.69		6.95
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	20	584	\$	59,651.12	\$	102.14	.243	\$	2982.56	\$	24.77
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	20	584		59,651.12		102.14	.243		2982.56		24.77
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	18	\$	6,041.92	\$	335.66	.007	\$	431.57	\$	2.51
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	18		6,041.92		335.66	.007		431.57		2.51
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	4	9	\$	66.90	\$	7.43	.004	\$	16.73	\$.03
PATHOLOGY	1	4		33.58		8.40	.002		33.58		.01
XO AND OTHERS	3	5		33.32		6.66	.002		11.11		.01
@ORGANIZED OUTPATIENT CLINIC	278	408	\$	17,339.69	\$	42.50	.169	\$	62.37	\$	7.20
CLINIC	1	3		31.54		10.51	.001		31.54		.01
SURGICENTER	5	5		958.90		191.78	.002		191.78		.40
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	274	400		16,349.25		40.87	.166		59.67		6.79
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 1,596
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR PUBLIC	C ASS	ISTANCE - AGED							
							M	CONT	HLY AVERA	GE -	
							,				

2,408 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 286 4,618 31,037.60 6.72 1.918 \$ 108.52 \$ 12.89 DURABLE MED. EQUIP. 5 4 309.52 77.38 .002 61.90 .13 BLOOD BANK Ω 0 .00 .00 .000 .00 .00 1,679.18 HEARING AID DISPENSERS 10 167.92 .004 209.90 .70 28 2,008 10,002.87 4.98 .834 357.25 4.15 MEDICAL TRANSPORTATION 0 0 .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS 11 1,765 4.55 .733 3.34 OTHER TRANS 8,030.94 730.09 OTHER SERVICES 17 243 1,971.93 8.11 .101 116.00 .82 1 43.25 21.63 .001 43.25 .02 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 0 .00 .00 .00 .000 .00 38 1,705.00 44.87 426.25 .71 .016 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 OCCUPATIONAL THERAPIST 0 .00 .00 .000 .00 47 108 1,532.49 OPTICIAN 14.19 .045 32.61 .64 PHYSICAL THERAPIST 0 .00 .00 .000 .00 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	6	266.30	44.38	.002	88.77	.11
PROSTHETICS	3	6	266.30	44.38	.002	88.77	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	4	6	113.25	18.88	.002	28.31	.05
HOSPICE SERVICES	1	1	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	196	2,435	15,385.74	6.32	1.011	78.50	6.39
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	781	4,024	\$ 80,508.56	\$ 20.01	1.671	\$ 103.08	\$ 33.43

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,597 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

COLUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC AS	SIS	STANCE - BLIND				3 T CCC		с п	
101 71 70 77 70					3		MO				
181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS		COST PER		COST PER
_		OR DAYS OF CARE				UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	137	5,339 \$		76,260.23	\$	14.28	29.497		556.64		421.33
@PHYSICIANS SERVICES	49	146 \$		-,	\$.807	Ş	129.17	Ş	34.97
OUTPATIENT VISITS	22	36		1,202.65		33.41	.199		54.67		6.64
OFFICE VISITS	20	25		828.04		33.12	.138		41.40		4.57
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	3	4		249.65		62.41	.022		83.22		1.38
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	6	7		124.96		17.85	.039		20.83		.69
INPATIENT VISITS	4	7		428.90		61.27	.039		107.23		2.37
HOSPITAL VISITS	3	5		248.40		49.68	.028		82.80		1.37
CRITICAL CARE	1	2		180.50		90.25	.011		180.50		1.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	4	5		221.03		44.21	.028		55.26		1.22
EXAMINATIONS	4	5		221.03		44.21	.028		55.26		1.22
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	1		82.65		82.65	.006		82.65		.46
PRINCIPAL SURGEON	1	1		82.65		82.65	.006		82.65		.46
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	3	11		2,808.03		255.28	.061		936.01		15.51
PRINCIPAL SURGEON	3	3		2,401.71		800.57	.017		800.57		13.27
ASSISTANT SURGEON	1	1		232.32		232.32	.006		232.32		1.28
ANESTHESIOLOGIST	1	7		174.00		24.86	.039		174.00		.96
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		149.66		37.42	.022		49.89		.83
RADIOLOGY	5	8		392.40		49.05	.044		78.48		2.17
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		13.76		13.76	.006		13.76		.08
OTHER SERVICES/ALL X-OVERS	31	73		1,030.12		14.11	.403		33.23		5.69
@PHARMACY	117	2,671 \$		•	\$		14.757	\$		\$	
PRESCRIPTION DRUGS	116	486		41,989.43		86.40	2.685	•	361.98	·	231.99

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	116	486	41,989.43	86.40	2.685	361.98	231.99
MEDICAL SUPPLIES	15	2,185	2,095.51	.96	12.072	139.70	11.58
@DENTIST	5	26 \$	\$ 2,671.00	\$ 102.73	.144	534.20	\$ 14.76
VISITS - DIAGNOSTIC	2	10	106.00	10.60	.055	53.00	.59
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	2	2	400.00	200.00	.011	200.00	2.21
ENDODONTICS	1	3	645.00	215.00	.017	645.00	3.56
RESTORATIVE DENTISTRY	3	11	1,520.00	138.18	.061	506.67	8.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,598
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03

----- MONTHLY AVERAGE -----

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND

181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 3 53.11 17.70 .017 \$ 53.11 \$.29 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 53.11 17.70 .017 53.11 .29 OTHER OPTOMETRIC SERVICES Ω .00 .00 .000 .00 . 00 .00 .00 .00 @CHIROPRACTOR .000 \$.00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .00 .000 .00 45.02 5.63 9.00 \$ @PODIATRIST .044 \$.25 .00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 .00 .00 .00 SURGERY/ANES. .000 RADIO./PATHOLOGY .00 .00 .000 .00 .00 45.02 5.63 .044 9.00 .25 OTHER .00 .00 .000 \$.00 \$.00 @HOME HEALTH AGENCY .00 .00 NURSE ANESTHESIST .00 \$.000 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .00 .000 .00 .00 0 FAMILY NURSE PRACTITIONER .00 .00 .000 .00 .00 @TOTAL HOSPITAL 370 16,026.03 43.31 2.044 \$ 400.65 \$ 88.54 HOSP INPATIENT TOTAL 6,420.00 1070.00 .033 3210.00 35.47 HSC HOSPITALS 6,420.00 1070.00 .033 3210.00 35.47 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .000 .00 ADMINISTRATIVE DAYS .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 INPATIENT CROSSOVERS .00 .00 0 .00 .000 .00 ALL OTHER INPATIENT .00 HOSP OUTPATIENT TOTAL 40 364 9,606.03 26.39 2.011 240.15 53.07 MEDICAL 12 2,649.36 49.99 .293 220.78 14.64 2 SURGERY 125.75 62.88 .011 62.88 .69 PATHOLOGY 147 1,562.10 10.63 .812 71.00 8.63

RADIOLOGY	12	38	1,901.80	50.05	.210	158.48	10.51
ROOM USE	24	53	2,223.61	41.95	.293	92.65	12.29
CROSSOVERS/ALL OTH OUTPINT	26	71	1,143.41	16.10	.392	43.98	6.32
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,599
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	PUBLIC ASS	SISTANCE - BLIND				

COLOSA COUNTI	SUMMARI OF SER	VICES FOR	FUBLIC F	722121	ANCE - BLIND					
								NTHLY AVERA	AGE	
181 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVERAGE COST				COST PER
		OR DAYS				PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40		370	\$	16,026.03	\$ 43.31	2.044		\$	88.54
COMM HOSP INPATIENT TOTAL	2		6		6,420.00	1070.00	.033	3210.00		35.47
HSC HOSPITALS	2		6		6,420.00	1070.00	.033	3210.00		35.47
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000	.00		.00
ANCILLARIES	0		0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	40		364		9,606.03	26.39	2.011	240.15		53.07
MEDICAL	12		53		2,649.36	49.99	.293	220.78		14.64
SURGERY	2		2		125.75	62.88	.011	62.88		.69
PATHOLOGY	22		147		1,562.10	10.63	.812	71.00		8.63
RADIOLOGY	12		38		1,901.80	50.05	.210	158.48		10.51
ROOM USE	24		53		2,223.61	41.95	.293	92.65		12.29
CROSSOVERS/ALL OTH OUTPTNT	26		71		1,143.41	16.10	.392	43.98		6.32
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
LEV B-REGULAR	0		0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00

ICF DDH 0 0 .00 .00 .00 .00 .00 ICF DD 0 0 .00 .00 .00 .00 .00 ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 0 \$ 27.55 \$.00 .00 \$.15 HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00	
ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 @HEMODIALYSIS TOTAL 0 0 \$ 27.55 \$.00 .000 \$.15	
@HEMODIALYSIS TOTAL 0 0 \$ 27.55 \$.00 .000 \$.00 \$.15	
HEMODIALYSIS CENTER 0 0 27.55 .00 .000 .00 .15	
GREHABILITATION FACILITY 0 0 S .00 S .00 S .00 S .00	
HOSPITAL BASED 0 0 .00 .00 .00 .00 .00 .00	
INDEPENDENT FACILITY 0 0 0 .00 .00 .00 .00 .00	
@LABORATORY FACILITY 7 32 \$ 318.24 \$ 9.95 .177 \$ 45.46 \$ 1.76	
PATHOLOGY 7 32 318.24 9.95 .177 45.46 1.76	,
XO AND OTHERS 0 0 .00 .00 .00 .00 .00 .00	
@ORGANIZED OUTPATIENT CLINIC 20 34 \$ 2,553.89 \$ 75.11 .188 \$ 127.69 \$ 14.11	
CLINIC 1 1 10.00 10.00 .006 10.00 .06	,
SURGICENTER 0 0 0 .00 .00 .00 .00 .00 .00	
HEROIN DETOX CLINIC 0 0 .00 .00 .00 .00 .00 .00	
RURAL HEALTH CLINIC 19 33 2,543.89 77.09 .182 133.89 14.05	
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,60	00
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/0	03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - BLIND	
MONTHLY AVERAGE	
181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE	
@ALL OTHER PROVIDERS 22 2,049 \$ 4,151.25 \$ 2.03 11.320 \$ 188.69 \$ 22.94	
DURABLE MED. EQUIP. 3 7 170.76 24.39 .039 56.92 .94	
BLOOD BANK 0 0 .00 .00 .00 .00 .00 .00 .00	
HEARING AID DISPENSERS 0 0 .00 .00 .00 .00 .00 .00	
MEDICAL TRANSPORTATION 8 88 805.12 9.15 .486 100.64 4.45	
AMBULANCES/AIR TRANS 5 40 720.70 18.02 .221 144.14 3.98	
OTHER TRANS 1 33 78.45 2.38 .182 78.45 .43	
OTHER SERVICES 2 15 5.97 .40 .083 2.99 .03	
ACUPUNCTURE 0 0 .00 .00 .00 .00 .00 .00	

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	3	8	146.34	18.29	.044	48.78	.81
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	1,928	2,549.60	1.32	10.652	637.40	14.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	18	479.43	26.64	.099	95.89	2.65
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.011	\$ 61.00	\$.34
@XOVER EXCLUDING STATE HOSP**	41	130	\$ 1,219.60	\$ 9.38	.718	\$ 29.75	\$ 6.74

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,601 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

						MO	NTHLY AVERA	GE -	
4,658 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST				OST PER
-,		OR DAYS OF CARE			PER UNIT/DAY		USER		LIGIBLE
@TOTAL, ALL PROVIDERS	3,809	91,977 \$	5	2,465,050.02	\$ 26.80	19.746			529.21
@PHYSICIANS SERVICES	1,002	3,458 \$	3	121,604.33	\$ 35.17	.742		\$	26.11
OUTPATIENT VISITS	409	575		20,213.45	35.15	.123	49.42		4.34
OFFICE VISITS	279	372		12,388.00	33.30	.080	44.40		2.66
HOME VISITS	12	17		745.90	43.88	.004	62.16		.16
EMERGENCY ROOM	44	55		3,229.54	58.72	.012	73.40		.69
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31		.03
OTHER OUTPATIENT	100	130		3,723.70	28.64	.028	37.24		.80
INPATIENT VISITS	58	258		14,407.74	55.84	.055	248.41		3.09
HOSPITAL VISITS	54	225		10,637.78	47.28	.048	197.00		2.28
CRITICAL CARE	12	31		3,684.16	118.84	.007	307.01		.79
SNF/ICF/TRANS IP CARE	2	2		85.80	42.90	.000	42.90		.02
OPHTHALMOLOGICAL SERVICES	31	42		1,797.56	42.80	.009	57.99		.39
EXAMINATIONS	31	42		1,797.56	42.80	.009	57.99		.39
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	31	214		16,034.12	74.93	.046	517.23		3.44
PRINCIPAL SURGEON	24	36		12,443.29	345.65	.008	518.47		2.67
ASSISTANT SURGEON	2	2		352.75	176.38	.000	176.38		.08
ANESTHESIOLOGIST	10	176		3,238.08	18.40	.038	323.81		.70
OUTPATIENT SURGERY	61	177		22,408.08	126.60	.038	367.35		4.81
PRINCIPAL SURGEON	55	84		19,864.77	236.49	.018	361.18		4.26
ASSISTANT SURGEON	1	1		244.60	244.60	.000	244.60		.05
ANESTHESIOLOGIST	14	92		2,298.71	24.99	.020	164.19		.49
DIALYSIS	11	90		2,830.02	31.44	.019	257.27		.61
PATHOLOGY	41	112		1,943.30	17.35	.024	47.40		.42

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	167	312		15,798.32		50.64	.067		94.60		3.39
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	34	41		902.35		22.01	.009		26.54		.19
OTHER SERVICES/ALL X-OVERS	504	1,637		25,269.39		15.44	.351		50.14		5.42
@PHARMACY	3,257	28,519	\$	1,294,084.97	\$	45.38	6.123	\$	397.32	\$	277.82
PRESCRIPTION DRUGS	3,213	14,122		1,253,240.27		88.74	3.032		390.05		269.05
SNF/ICF	25	179		10,499.32		58.66	.038		419.97		2.25
OUTPATIENTS	3,194	13,943		1,242,740.95		89.13	2.993		389.09		266.80
MEDICAL SUPPLIES	335	14,397		40,844.70		2.84	3.091		121.92		8.77
@DENTIST	178	805	\$	39,237.00	\$	48.74	.173	\$	220.43	\$	8.42
VISITS - DIAGNOSTIC	111	483		6,318.00		13.08	.104		56.92		1.36
ORAL SURGERY	26	112		6,418.00		57.30	.024		246.85		1.38
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	6	6		600.00		100.00	.001		100.00		.13
PERIODONTICS	24	25		4,680.00		187.20	.005		195.00		1.00
ENDODONTICS	4	4		735.00		183.75	.001		183.75		.16
RESTORATIVE DENTISTRY	40	111		9,146.00		82.40	.024		228.65		1.96
PROSTHETICS	7	7		170.00		24.29	.002		24.29		.04
DENTURES, STAYPLATES	25	53		10,970.00		206.98	.011		438.80		2.36
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	2	3		125.00		41.67	.001		62.50		.03
ALL OTHER SERVICES	1	1		75.00		75.00	.000		75.00		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONT	H-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 1,602
MOP024	FEE-FOR-SERVICE/DENTA	L									01/17/03

----- MONTHLY AVERAGE -----4,658 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .052 \$ 1.07 @OPTOMETRIST 243 4,961.87 20.42 53.93 \$ 33 33 DIAGNOSTIC AND ANC. PROCED 1,526.54 46.26 .007 46.26 .33 EYE APPLIANCES 81 204 3,323.67 16.29 .044 41.03 .71 27.92 OTHER OPTOMETRIC SERVICES 6 111.66 18.61 .001 @CHIROPRACTOR 3 50.16 \$ 16.72 .001 \$ 25.08 \$.01 3 .001 50.16 16.72 25.08 .01 VISITS 0 .00 .00 .00 OTHER SERVICES .00 .000 50 @PODIATRIST 68 1,512.41 22.24 .015 \$ 30.25 \$.32 13 MEDICINE/INJECTIONS 14 501.04 35.79 .003 38.54 .11 3 SURGERY/ANES. 3 39.00 13.00 .001 13.00 .01 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 51 972.37 19.07 .011 27.01 .21 @HOME HEALTH AGENCY 45 1,094 46,455.65 42.46 .235 \$ 1032.35 \$ 9.97 NURSE ANESTHESIST 39 288.78 7.40 .008 \$ 72.20 .06 .00 .00 .00 .000 \$ NURSE MIDWIFE 0 .00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 3 FAMILY NURSE PRACTITIONER 85.20 28.40 .001 \$ 42.60 .02 97.93 @TOTAL HOSPITAL 1,086 5,644 552,698.45 1.212 \$ 508.93 \$ 118.66 HOSP INPATIENT TOTAL 425,011.90 972.57 .094 5448.87 91.24 437 HSC HOSPITALS 19 .021 96 102,828.51 1071.13 5412.03 22.08 37 161 282,392.57 1753.99 7632.23 NON-HSC HOSPITAL TOTAL .035 60.63 36 83,798.09 520.49 2327.72 ACCOMMODATIONS 161 .035 17.99 228.05 1140.25 10 2,280.49 .002 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE 0 0 .00 .00 .000 .00 .00 35 ALL OTHER ACCOM 151 81,517.60 539.85 .032 2329.07 17.50 ANCILLARIES 198,594.48 .000 5367.42 42.64

SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

COLUSA COUNTY

INPATIENT CROSSOVERS	26	180		39,790.82	:	221.06	.03	39	1530.42		8.54
ALL OTHER INPATIENT	0	0		.00		.00	.00	0 (.00		.00
HOSP OUTPATIENT TOTAL	1,054	5,207		127,686.55		24.52	1.11	. 8	121.14		27.41
MEDICAL	178	320		16,380.18		51.19	.06	59	92.02		3.52
SURGERY	41	54		3,975.68		73.62	.01	2	96.97		.85
PATHOLOGY	377	1,615		19,775.84		12.25	.34	17	52.46		4.25
RADIOLOGY	196	448		24,862.28		55.50	.09	96	126.85		5.34
ROOM USE	317	454		19,501.27		42.95	.09	7	61.52		4.19
CROSSOVERS/ALL OTH OUTPTNT	585	2,316		43,191.30		18.65	. 49	7	73.83		9.27
@COUNTY HOSPITAL TOTAL	1	3	\$	33.13	\$	11.04	.00	1	\$ 33.13	\$.01
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.00	0 (.00		.00
HSC HOSPITALS	0	0		.00		.00	.00	0 (.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.00	0 (.00		.00
ACCOMMODATIONS	0	0		.00		.00	.00	0 (.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.00	0 (.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.00	0 (.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.00	0 (.00		.00
ANCILLARIES	0	0		.00		.00	.00	0 (.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.00	0 (.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.00	0 (.00		.00
CO HOSP OUTPATIENT TOTAL	1	3		33.13		11.04	.00	1	33.13		.01
MEDICAL	0	0		.00		.00	.00	0 (.00		.00
SURGERY	0	0		.00		.00	.00	0 (.00		.00
PATHOLOGY	0	0		1.04		.00	.00	0 (.00		.00
RADIOLOGY	0	0		.00		.00	.00	0 (.00		.00
ROOM USE	0	0		23.21		.00	.00	0 (.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1	3		8.88		2.96	.00	1	8.88		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITUR	ES MO	NTH-OF-PAYMENT RE	EPORT :	FOR JAN	2002 THE	RU E	DEC 2002	PAGE	1,603
MOP024	FEE-FOR-SERVICE/DEN	TAL								(01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - DISABLED

0020011 0001111	DOILING OF DELC	VIOLO ION IODDIO	, 1100	TOTIMOD DIGINDED							
							M	TNC	HLY AVERA	GΕ	
4,658 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,085	5,641	\$	552,665.32	\$	97.97	1.211	\$	509.37	\$	118.65
COMM HOSP INPATIENT TOTAL	78	437		425,011.90		972.57	.094		5448.87		91.24
HSC HOSPITALS	19	96		102,828.51		1071.13	.021		5412.03		22.08
NON-HSC HOSPITALS TOTAL	37	161		282,392.57		1753.99	.035		7632.23		60.63
ACCOMMODATIONS	36	161		83,798.09		520.49	.035		2327.72		17.99
ADMINISTRATIVE DAYS	2	10		2,280.49		228.05	.002		1140.25		.49
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	35	151		81,517.60		539.85	.032		2329.07		17.50
ANCILLARIES	37	0		198,594.48		.00	.000		5367.42		42.64
INPATIENT CROSSOVERS	26	180		39,790.82		221.06	.039		1530.42		8.54
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1,053	5,204		127,653.42		24.53	1.117		121.23		27.41
MEDICAL	178	320		16,380.18		51.19	.069		92.02		3.52
SURGERY	41	54		3,975.68		73.62	.012		96.97		.85
PATHOLOGY	377	1,615		19,774.80		12.24	.347		52.45		4.25
RADIOLOGY	196	448		24,862.28		55.50	.096		126.85		5.34
ROOM USE	317	454		19,478.06		42.90	.097		61.44		4.18
CROSSOVERS/ALL OTH OUTPTNT	584	2,313		43,182.42		18.67	.497		73.94		9.27
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	16	465	\$	55,842.01	\$	120.09	.100	\$	3490.13	\$	11.99
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00

LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	465		55,842.01		120.09	.100		3490.13		11.99
@INTERMEDIATE CARE FACILDD	12	364	\$	54,297.88	\$	149.17	.078	\$	4524.82	\$	11.66
ICF DDH	12	364		54 , 297.88		149.17	.078		4524.82		11.66
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	56	985	\$	44,688.08	\$	45.37	.211	\$	798.00	\$	9.59
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	56	985		44,688.08		45.37	.211		798.00		9.59
@REHABILITATION FACILITY	2	16	\$	296.51	\$	18.53	.003	\$	148.26	\$.06
HOSPITAL BASED	2	16		296.51		18.53	.003		148.26		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	153	446	\$	7,170.78	\$	16.08	.096	\$	46.87	\$	1.54
PATHOLOGY	150	442		7,149.54		16.18	.095		47.66		1.53
XO AND OTHERS	3	4		21.24		5.31	.001		7.08		.00
@ORGANIZED OUTPATIENT CLINIC	903	1,496	\$	118,072.66	\$	78.93	.321	\$	130.76	\$	25.35
CLINIC	22	44		6,331.03		143.89	.009		287.77		1.36
SURGICENTER	2	3		435.64		145.21	.001		217.82		.09
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	886	1,449		111,305.99		76.82	.311		125.63		23.90
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	JRES	MONTH-OF-PAYMENT RE	EPOR:	r for jan	2002 THRU	DEC	2002	PΙ	AGE 1,604
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	R PUBLIC	C ASS	SISTANCE - DISABLED							

----- MONTHLY AVERAGE -----

4,658 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 123,703.28 \$ 2.56 10.375 \$ 164.28 \$ 26.56 @ALL OTHER PROVIDERS 48,329 \$ 85 239 .051 250.49 4.57 DURABLE MED. EQUIP. 0 0 .000 .00 BLOOD BANK .00 14 25 206.37 HEARING AID DISPENSERS .005 .62 6,663 1.430 330.09 MEDICAL TRANSPORTATION 8,697.08 24.85 AMBULANCES/AIR TRANS 48 350 .075 181.19 1.87 5**,**829
 2.59
 1.251

 13.60
 .104

 .00
 .000

 .00
 .000

 .00
 .000

 185.48
 .002

 .00
 .000

 18.51
 .052

 .00
 .000

 .00
 .000

 110.22
 .012

 .00
 .000

 .00
 .000

 42.83
 .014

 131.53
 .008
 28 2.59 538.82 15,086.93 1.251 3.24 OTHER TRANS 484 6,584.14 299.28 OTHER SERVICES .00 .00 ACUPUNCTURE 0 .00 ADULT DAY HEALTH CARE CTR 0 .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 1,298.35 IHMC, MODEL-NF, NF, AIDS, MSSP 649.18 .28 OCCUPATIONAL THERAPIST 0 .00 .00 .00 OPTICIAN 112 241 4,461.27 39.83 .96 PHYSICAL THERAPIST 0 0 .00 .00 .00 PORTABLE X-RAY Ω .00 .00 19 54 5,951.84 313.25 PROSTHETIST/ORTHOTISTS 1.28 19 54 5,951.84 313.25 PROSTHETICS 1.28 .00 ORTHOTICS .00 PSYCHOLOGIST 0 0 .00 .00 .00 65 2,784.18 SPEECH AND AUDIOLOGY 185.61 .60 5,129.71 2564.86 HOSPICE SERVICES 1.10 .00 0 .00 .00 .000 .00 NONINST BIRTHING CENTERS 6,896 2.53 425.91 17,462.26 1.480 3.75 LOCAL EDUCATION AGENCIES .000 EPSDT SUPPLEMENTAL SERVICE 0 .00 .00 .00 .00 .000 RESPIRATORY CARE PRACT. .00 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .000 .00

ALL OTHER PROVIDERS	424	34,100	32,067.01	.94	7.321	75.63	6.88
@CALIF. CHILDREN SERVICES*	50	577	\$ 73 , 971.98	\$ 128.20	.124	\$ 1479.44	\$ 15.88
@XOVER EXCLUDING STATE HOSP**	1,004	9,487	\$ 136,929.45	\$ 14.43	2.037	\$ 136.38	\$ 29.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

8

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ANESTHESIOLOGIST

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,605
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

USERS	INTEG OF CERTICE				MON	NTHLY AVERA	GE
USERS	INTERC OF CERTIFICE						
	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
3,450	16,330	\$	769,715.81	\$ 47.14	2.350	223.11	\$ 110.77
652	1,897	\$	77 , 924.84	\$ 41.08	.273	119.52	\$ 11.21
429	541		18,143.80	33.54	.078	42.29	2.61
299	368		11,599.00	31.52	.053	38.79	1.67
0	0		.00	.00	.000	.00	.00
41	42		2,021.42	48.13	.006	49.30	.29
0	0		.00	.00	.000	.00	.00
18	33		2,446.13	74.13	.005	135.90	.35
82	98		2,077.25	21.20	.014	25.33	.30
32	73		3,847.32	52.70	.011	120.23	.55
32	70		3 , 157.65	45.11	.010	98.68	.45
2	3		689.67	229.89	.000	344.84	.10
0	0		.00	.00	.000	.00	.00
7	8		401.05	50.13	.001	57.29	.06
7	8		401.05	50.13	.001	57.29	.06
0	0		.00	.00	.000	.00	.00
35	125		24,789.56	198.32	.018	708.27	3.57
27	31		21,639.22	698.04	.004	801.45	3.11
6	6		1,053.23	175.54	.001	175.54	.15
	3,450 652 429 299 0 41 0 18 82 32 32 2 0 7	OR DAYS OF CARE 3,450	OR DAYS OF CARE 3,450	OR DAYS OF CARE 3,450 16,330 5,769,715.81 652 1,897 5,77,924.84 429 541 18,143.80 299 368 11,599.00 0 0 0 11,599.00 0 0 0 0 0 0 0 0 18 33 2,021.42 0 0 0 18 33 2,446.13 82 98 2,077.25 32 73 3,847.32 32 70 3,157.65 2 32 70 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	OR DAYS OF CARE PER UNIT/DAY 3,450 16,330 \$ 769,715.81 \$ 47.14 652 1,897 \$ 77,924.84 \$ 41.08 429 541 18,143.80 33.54 299 368 11,599.00 31.52 0 0 .00 .00 41 42 2,021.42 48.13 0 0 .00 .00 18 33 2,446.13 74.13 82 98 2,077.25 21.20 32 73 3,847.32 52.70 32 70 3,157.65 45.11 2 3 689.67 229.89 0 0 .00 .00 7 8 401.05 50.13 0 0 .00 .00 35 125 24,789.56 198.32 27 31 21,639.22 698.04	OR DAYS OF CARE PER UNIT/DAY PER ELIG 3,450 16,330 \$ 769,715.81 \$ 47.14 2.350 \$ 652 652 1,897 \$ 77,924.84 \$ 41.08 .273 \$ 429 429 541 18,143.80 33.54 .078 299 368 11,599.00 31.52 .053 0 0 .00 .00 .00 41 42 2,021.42 48.13 .006 0 0 .00 .00 .000 18 33 2,446.13 74.13 .005 82 98 2,077.25 21.20 .014 32 73 3,847.32 52.70 .011 32 70 3,157.65 45.11 .010 2 3 689.67 229.89 .000 0 .0 .0 .00 .00 7 8 401.05 50.13 .001 0 .0 .0 <	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 3,450 16,330 \$ 769,715.81 \$ 47.14 2.350 \$ 223.11 652 1,897 \$ 77,924.84 \$ 41.08 .273 \$ 119.52 429 541 18,143.80 33.54 .078 42.29 299 368 11,599.00 31.52 .053 38.79 0 0 .00 .00 .000 .00 .00 41 42 2,021.42 48.13 .006 49.30 0 0 .00 .00 .00 .00 18 33 2,446.13 74.13 .005 135.90 82 98 2,077.25 21.20 .014 25.33 32 73 3,847.32 52.70 .011 120.23 32 70 3,157.65 45.11 .010 98.68 2 3 689.67 229.89 .000 .00 7 8

2,097.11 23.83

.013

262.14

.30

88

OUTPATIENT SURGERY	85	267		16,687.39		62.50	.038		196.32		2.40
PRINCIPAL SURGEON	68	120		12,897.32		107.48	.017		189.67		1.86
ASSISTANT SURGEON	3	3		514.49		171.50	.000		171.50		.07
ANESTHESIOLOGIST	21	144		3,275.58		22.75	.021		155.98		.47
DIALYSIS	3	38		711.52		18.72	.005		237.17		.10
PATHOLOGY	54	73		1,070.32		14.66	.011		19.82		.15
RADIOLOGY	112	158		6,479.47		41.01	.023		57.85		.93
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	9	15		159.17		10.61	.002		17.69		.02
OTHER SERVICES/ALL X-OVERS	70	599		5,635.24		9.41	.086		80.50		.81
@PHARMACY	1,700	4,581	\$	162,100.70	\$	35.39	.659	\$	95.35	\$	23.33
PRESCRIPTION DRUGS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1,679	3,483		157,502.00		45.22	.501		93.81		22.67
MEDICAL SUPPLIES	49	1,098		4,598.70		4.19	.158		93.85		.66
@DENTIST	221	1,051	\$	38,723.00	\$	36.84	.151	\$	175.22	\$	5.57
VISITS - DIAGNOSTIC	158	606		10,008.00		16.51	.087		63.34		1.44
ORAL SURGERY	36	105		5,732.00		54.59	.015		159.22		.82
DRUGS	9	9		210.00		23.33	.001		23.33		.03
ANESTHESIA	5	5		500.00		100.00	.001		100.00		.07
PERIODONTICS	1	1		200.00		200.00	.000		200.00		.03
ENDODONTICS	20	54		5,017.00		92.91	.008		250.85		.72
RESTORATIVE DENTISTRY	72	231		12,523.00		54.21	.033		173.93		1.80
PROSTHETICS	1	1		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	6		1,119.00		186.50	.001		559.50		.16
SPACE MAINTAINERS	8	11		999.00		90.82	.002		124.88		.14
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.17
ORTHODONTIC SERVICES	15	18		1,140.00		63.33	.003		76.00		.16
ALL OTHER SERVICES	3	3		75.00		25.00	.000		25.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITU	JRES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 1,606
MOP024	FEE-FOR-SERVICE/DENT	ΓAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR PUBLIC	ASS1	ISTANCE - FAMILIES							

----- MONTHLY AVERAGE -----6,949 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 225 5,421.29 24.09 .032 \$ 58.93 \$.78 45.87 DIAGNOSTIC AND ANC. PROCED 67 67 3,072.97 45.87 .010 .44 157 EYE APPLIANCES 2,336.91 14.88 .023 37.69 .34 OTHER OPTOMETRIC SERVICES 1 1 11.41 11.41 .000 11.41 .00 @CHIROPRACTOR 0 .00 .00 .000 \$.00 .00 VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 @PODIATRIST 12 581.00 48.42 .002 \$ 64.56 \$.08 10 MEDICINE/INJECTIONS 277.20 27.72 .001 34.65 .04 2 303.80 151.90 .000 303.80 SURGERY/ANES. .04 RADIO./PATHOLOGY 0 .00 .000 .00 .00 .00 0 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 15 42 2,712.74 64.59 .006 \$ 180.85 .39 15 .013 102.85 .22 NURSE ANESTHESIST 1,542.80 17.73 \$ NURSE MIDWIFE 1,133.92 566.96 .000 \$ 566.96 .16 0 \$.00 .00 .000 \$.00 .00 PEDIATRIC NURSE PRACTITIONER 0 0 .00 .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER 265,740.44 @TOTAL HOSPITAL 832 3,823 69.51 .550 \$ 319.40 38.24 HOSP INPATIENT TOTAL 41 140 158,104.09 1129.31 .020 3856.20 22.75 HSC HOSPITALS 20 24,662.02 1233.10 .003 4932.40 3.55

NON-HSC HOSPITAL TOTAL 36 120 133,442.07 1112.02 .017 3706.72 19.20 ACCOMMODATIONS 36 120 35,645.60 297.05 .017 990.16 5.13 ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 36 120 35,645.60 297.05 .017 990.16 5.13 ANCILLARIES 36 0 97,796.47 .00 .000 2716.57 14.07 INPATIENT CROSSOVERS 0 0 .00<
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER ACCOM 36 120 35,645.60 297.05 .017 990.16 5.13 ANCILLARIES 36 0 97,796.47 .00 .000 2716.57 14.07 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
ALL OTHER ACCOM 36 120 35,645.60 297.05 .017 990.16 5.13 ANCILLARIES 36 0 97,796.47 .00 .000 2716.57 14.07 INPATIENT CROSSOVERS 0 0 0 .00 .00 .000 .000 .00 ALL OTHER INPATIENT 0 0 0 .00 .00 .000 .000 .00 HOSP OUTPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
ANCILLARIES 36 0 97,796.47 0.00 .000 2716.57 14.07 INPATIENT CROSSOVERS 0 0 0 .00 .00 .00 .00 .00 .00 .00 ALL OTHER INPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
HOSP OUTPATIENT TOTAL 817 3,683 107,636.35 29.23 .530 131.75 15.49 MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
MEDICAL 388 498 25,865.18 51.94 .072 66.66 3.72 SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
SURGERY 73 94 6,000.87 63.84 .014 82.20 .86
• • • • • • • • • • • • • • • • • • • •
PATHOLOGY 441 1 171 14 152 54 12 09 169 32 09 2 04
RADIOLOGY 260 532 20,283.84 38.13 .077 78.01 2.92
ROOM USE 597 742 30,253.95 40.77 .107 50.68 4.35
CROSSOVERS/ALL OTH OUTPINT 353 646 11,079.97 17.15 .093 31.39 1.59
@COUNTY HOSPITAL TOTAL 4 16 \$ 403.34 \$ 25.21 .002 \$ 100.84 \$.06
CO HOSPITAL INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 .00
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00 .00
ADMINISTRATIVE DAYS 0 0 .00 .00 .00 .00 .00 .00
TRANSITIONAL IP CARE 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER ACCOM 0 0 .00 .00 .00 .00 .00 .00
ANCILLARIES 0 0 .00 .00 .00 .00 .00 .00
INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER INPATIENT 0 0 .00 .00 .00 .00 .00 .00
CO HOSP OUTPATIENT TOTAL 4 16 403.34 25.21 .002 100.84 .06
MEDICAL 0 0 .00 .00 .00 .00 .00 .00
SURGERY 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 1 5 54.63 10.93 .001 54.63 .01
RADIOLOGY 1 1 24.02 24.02 .000 24.02 .00
ROOM USE 3 3 129.05 43.02 .000 43.02 .02
CROSSOVERS/ALL OTH OUTPINT 4 7 195.64 27.95 .001 48.91 .03
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,607
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE - FAMILIES

6,949 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 828 3,807 265,337.10 \$ 69.70 .548 \$ 320.46 \$ 38.18 COMM HOSP INPATIENT TOTAL 41 140 158,104.09 1129.31 .020 3856.20 22.75 HSC HOSPITALS 5 20 24,662.02 1233.10 .003 4932.40 3.55 19.20 NON-HSC HOSPITALS TOTAL 36 120 133,442.07 1112.02 .017 3706.72 ACCOMMODATIONS 36 120 35,645.60 297.05 .017 990.16 5.13 .00 ADMINISTRATIVE DAYS 0 .00 .00 .000 .00 0 0 .00 TRANSITIONAL IP CARE .00 .000 .00 .00 36 120 35,645.60 297.05 990.16 ALL OTHER ACCOM .017 5.13 36 0 97,796.47 .00 2716.57 ANCILLARIES .000 14.07 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .000 0 0 .00 ALL OTHER INPATIENT .00 .00 .000 .00 COMM HOSP OUTPATIENT TOTAL 813 3,667 107,233.01 29.24 .528 131.90 15.43 388 498 25,865.18 51.94 66.66 3.72 MEDICAL .072 73 94 63.84 .014 82.20 .86 SURGERY 6,000.87 PATHOLOGY 440 1,166 14,097.91 12.09 .168 32.04 2.03 .076 RADIOLOGY 259 531 20,259.82 38.15 78.22 2.92

30,124.90

40.76

.106

739

594

ROOM USE

----- MONTHLY AVERAGE -----

50.72

4.34

CROSSOVERS/ALL OTH OUTPINT	349	639		10,884.33		17.03	.092		31.19		1.57
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0	0		.00	·	.00	.000	·	.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	232	\$	7,800.41	\$	33.62	.033	\$	1560.08	\$	1.12
HOSPITAL BASED	0	0		.00	·	.00	.000	·	.00		.00
HEMODIALYSIS CENTER	5	232		7,800.41		33.62	.033		1560.08		1.12
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	182	436	\$	7,213.81	\$	16.55	.063	\$	39.64	\$	1.04
PATHOLOGY	182	436		7,213.81		16.55	.063		39.64		1.04
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1,407	2,140	\$	168,744.57	\$	78.85	.308	\$	119.93	\$	24.28
CLINIC	36	91		2,461.95		27.05	.013		68.39		.35
SURGICENTER	15	112		3,841.38		34.30	.016		256.09		.55
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,364	1,937		162,441.24		83.86	.279		119.09		23.38
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 1,608
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASS:	ISTANCE - FAMILIES							
							M	TNOI	HLY AVERA	.GE	
6,949 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	,	COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	÷	USER		ELIGIBLE
@ALL OTHER PROVIDERS	271	1,802	\$	30,076.29	\$	16.69	.259	\$	110.98	\$	4.33

USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
271	1,802 \$	30,076.29	\$ 16.69	.259	\$ 110.98	\$ 4.33
12	20	1,294.16	64.71	.003	107.85	.19
0	0	.00	.00	.000	.00	.00
1	1	25.00	25.00	.000	25.00	.00
31	560	13,249.08	23.66	.081	427.39	1.91
31	555	7,825.36	14.10	.080	252.43	1.13
0	0	.00	.00	.000	.00	.00
5	5	5,423.72	1084.74	.001	1084.74	.78
0	0	.00	.00	.000	.00	.00
1	10	665.40	66.54	.001	665.40	.10
16	16	1,041.00	65.06	.002	65.06	.15
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
77	182	1,736.55	9.54	.026	22.55	.25
0	0	.00	.00	.000	.00	.00
0	0	.00	.00	.000	.00	.00
3	5	343.65	68.73	.001	114.55	.05
3	5	343.65	68.73	.001	114.55	.05
0	0	.00	.00	.000	.00	.00
1	2	208.94	104.47	.000	208.94	.03
2	4	179.12	44.78	.001	89.56	.03
	12 0 1 31 31 0 5 0	OR DAYS OF CARE 271	OR DAYS OF CARE 271	OR DAYS OF CARE PER UNIT/DAY 271 1,802 \$ 30,076.29 \$ 16.69 12 20 1,294.16 64.71 0 0 .00 .00 1 1 25.00 25.00 31 560 13,249.08 23.66 31 555 7,825.36 14.10 0 0 .00 .00 5 5 5,423.72 1084.74 0 0 .00 .00 1 10 665.40 66.54 16 16 1,041.00 65.06 0 0 .00 .00 0 0 .00 .00 77 182 1,736.55 9.54 0 0 .00 .00 3 5 343.65 68.73 0 0 .00 .00 1 2 208.94 104.47	OR DAYS OF CARE PER UNIT/DAY PER ELIG 271 1,802 \$ 30,076.29 \$ 16.69 .259 12 20 1,294.16 64.71 .003 0 0 .00 .00 .000 1 1 25.00 25.00 .000 31 560 13,249.08 23.66 .081 31 555 7,825.36 14.10 .080 0 0 .00 .00 .00 0 0 .00 .00 .00 0 0 .00 .00 .00 1 10 665.40 66.54 .001 16 16 1,041.00 65.06 .002 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 .00 .00 .000 0 0 <t< td=""><td>OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 271 1,802 \$ 30,076.29 \$ 16.69 .259 \$ 110.98 12 20 1,294.16 64.71 .003 107.85 0 0 .00 .00 .00 .00 1 1 25.00 .25.00 .00 .00 31 560 13,249.08 23.66 .081 427.39 31 555 7,825.36 14.10 .080 252.43 0 0 .00 .00 .00 .00 5 5 5,423.72 1084.74 .001 1084.74 0 0 .00 .00 .00 .00 1 10 665.40 66.54 .001 665.40 16 16 1,041.00 65.06 .002 65.06 0 0 .00 .00 .00 .00 0 0 .00 .00 .00</td></t<>	OR DAYS OF CARE PER UNIT/DAY PER ELIG USER 271 1,802 \$ 30,076.29 \$ 16.69 .259 \$ 110.98 12 20 1,294.16 64.71 .003 107.85 0 0 .00 .00 .00 .00 1 1 25.00 .25.00 .00 .00 31 560 13,249.08 23.66 .081 427.39 31 555 7,825.36 14.10 .080 252.43 0 0 .00 .00 .00 .00 5 5 5,423.72 1084.74 .001 1084.74 0 0 .00 .00 .00 .00 1 10 665.40 66.54 .001 665.40 16 16 1,041.00 65.06 .002 65.06 0 0 .00 .00 .00 .00 0 0 .00 .00 .00

HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	131	1,002	11,333.39	11.31	.144	86.51	1.63
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	19	167	\$ 26,146.51	\$ 156.57	.024	\$ 1376.13	\$ 3.76
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,609
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY	SUMMARY OF SER	VICES FOR PUBLIC ASSI	STANCE				
					MONT	CHLY AVERA	GE
14,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	9,169	133,023 \$	3,901,823.50	\$ 29.33	9.370 \$	425.55	\$ 274.85
@PHYSICIANS SERVICES	1,993	6 , 244 \$	216,368.68	\$ 34.65	.440 \$	108.56	\$ 15.24
OUTPATIENT VISITS	862	1,155	39,690.80	34.36	.081	46.05	2.80
OFFICE VISITS	600	768	24,945.94	32.48	.054	41.58	1.76
HOME VISITS	12	17	745.90	43.88	.001	62.16	.05
EMERGENCY ROOM	88	101	5,500.61	54.46	.007	62.51	.39
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	19	34	2,572.44	75.66	.002	135.39	.18
OTHER OUTPATIENT	188	235	5,925.91	25.22	.017	31.52	.42
INPATIENT VISITS	94	338	18,683.96	55.28	.024	198.77	1.32
HOSPITAL VISITS	89	300	14,043.83	46.81	.021	157.80	.99
CRITICAL CARE	15	36	4,554.33	126.51	.003	303.62	.32
SNF/ICF/TRANS IP CARE	2	2	85.80	42.90	.000	42.90	.01
OPHTHALMOLOGICAL SERVICES	42	55	2,419.64	43.99	.004	57.61	.17
EXAMINATIONS	42	55	2,419.64	43.99	.004	57.61	.17
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	67	340	40,906.33	120.31	.024	610.54	2.88
PRINCIPAL SURGEON	52	68	34,165.16	502.43	.005	657.02	2.41
ASSISTANT SURGEON	8	8	1,405.98	175.75	.001	175.75	.10
ANESTHESIOLOGIST	18	264	5,335.19	20.21	.019	296.40	.38
OUTPATIENT SURGERY	149	455	41,903.50	92.10	.032	281.23	2.95
PRINCIPAL SURGEON	126	207	35,163.80	169.87	.015	279.08	2.48
ASSISTANT SURGEON	5	5	991.41	198.28	.000	198.28	.07
ANESTHESIOLOGIST	36	243	5,748.29	23.66	.017	159.67	.40
DIALYSIS	14	128	3,541.54	27.67	.009	252.97	.25
PATHOLOGY	98	189	3,163.28	16.74	.013	32.28	.22
RADIOLOGY	285	479	22,703.08	47.40	.034	79.66	1.60
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION		57	1,075.28	18.86	.004	24.44	.08
OTHER SERVICES/ALL X-OVERS		3,048	42,281.27	13.87	.215	47.35	2.98
@PHARMACY	6,616	46,789 \$	1,884,403.10	\$ 40.27	3.296 \$	284.83	
PRESCRIPTION DRUGS	6 , 509	23,450	1,818,801.53	77.56	1.652	279.43	128.12
SNF/ICF	40	249	12 , 973.98	52.10	.018	324.35	.91
OUTPATIENTS	6,478	23,201	1,805,827.55	77.83	1.634	278.76	127.21
MEDICAL SUPPLIES	547	23,339	65 , 601.57	77.83 2.81	1.644	119.93	4.62
@DENTIST	447	2,052 \$	89,261.00	\$ 43.50	.145 \$		
VISITS - DIAGNOSTIC	303	1,209	17,859.00	14.77	.085	58.94	1.26
ORAL SURGERY	66	233	12,866.00	55.22	.016	194.94	.91

DRUGS	9	9		210.00	23.33	.001		23.33		.01
ANESTHESIA	11	11		1,100.00	100.00	.001		100.00		.08
PERIODONTICS	29	30		5,390.00	179.67	.002		185.86		.38
ENDODONTICS	27	63		6,987.00	110.90	.004		258.78		.49
RESTORATIVE DENTISTRY	128	379		25,841.00	68.18	.027		201.88		1.82
PROSTHETICS	8	8		170.00	21.25	.001		21.25		.01
DENTURES, STAYPLATES	34	73		15,224.00	208.55	.005		447.76		1.07
SPACE MAINTAINERS	8	11		999.00	90.82	.001		124.88		.07
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	1	1		1,200.00	1200.00	.000		1200.00		.08
ORTHODONTIC SERVICES	17	21		1,265.00	60.24	.001		74.41		.09
ALL OTHER SERVICES	4	4		150.00	37.50	.000		37.50		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MC	NTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU	DEC	2002	PI	AGE 1,610
MOP024	FEE-FOR-SERVICE	/DENTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR PUBLIC	ASSIS	STANCE						
						M	TNOI	HLY AVERA	GE -	
14,196 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COS			COST PER		COST PER
		OR DAYS OF CARE			PER UNIT/DA			USER		ELIGIBLE
@OPTOMETRIST	231	572	\$	12,127.24	\$ 21.20	.040	\$	52.50	\$.85
DIAGNOSTIC AND ANC. PROCED	106	106		4,805.46	45.33			45.33		.34
EYE APPLIANCES	181	452		7,130.94	15.78	.032		39.40		.50
OTHER OPTOMETRIC SERVICES	8	14		190.84	13.63	.001		23.86		.01
@CHIROPRACTOR	2	3	\$	50.16	\$ 16.72		\$	25.08	\$.00
VISITS	2	3		50.16	16.72	.000		25.08		.00
OTHER SERVICES	0	0		.00	.00	.000		.00		.00
@PODIATRIST	142	174	\$	2,926.03	\$ 16.82	.012	\$	20.61	\$.21
MEDICINE/INJECTIONS	21	24		778.24	32.43	.002		37.06		.05
SURGERY/ANES.	4	5		342.80	68.56	.000		85.70		.02
RADIO./PATHOLOGY	0	0		.00	.00	.000		.00		.00
OTHER	119	145		1,804.99	12.45	.010		15.17		.13
@HOME HEALTH AGENCY	60	1,136	\$	49,168.39	\$ 43.28	.080	\$	819.47		3.46
NURSE ANESTHESIST	20	135	\$	1,855.15	\$ 13.74	.010	\$	92.76	\$.13

NURSE MIDWIFE	2	2	Ś	1,133.	92 \$	566.96	.000	Ś	566.96	\$.08
PEDIATRIC NURSE PRACTITIONER	0	0	\$	•	00 \$.000			\$.00
FAMILY NURSE PRACTITIONER	2	3	¢	85.			.000		42.60		.01
@TOTAL HOSPITAL	2,330	11,450	¢	905,350.			.807		388.56		63.78
HOSP INPATIENT TOTAL	158	802	۲	643,516.		802.39	.056	Y	4072.89	Y	45.33
HSC HOSPITALS	27	124		135,684.		1094.23	.009		5025.35		9.56
NON-HSC HOSPITAL TOTAL	76	304		440,624.		1449.42	.021		5797.69		31.04
ACCOMMODATIONS	74	304		132,124.		434.62	.021		1785.47		9.31
ADMINISTRATIVE DAYS	2	10		2,280.		228.05	.001		1140.25		.16
TRANSITIONAL IP CARE	0	0		•	00	.00	.000		.00		.00
ALL OTHER ACCOM	73	294		129,843.		441.65	.021		1778.68		9.15
ANCILLARIES	76 76	2 9 4		308,499.		.00	.000		4059.21		21.73
INPATIENT CROSSOVERS	59	374		67,207.		179.70	.026		1139.11		4.73
ALL OTHER INPATIENT	0	0			00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,264	10,648		261,833.		24.59	.750		115.65		18.44
MEDICAL	580	874		44,995.		51.48	.062		77.58		3.17
SURGERY	116	150		10,102.		67.35	.011		87.09		.71
PATHOLOGY	840	2,933		35,490.		12.10	.207		42.25		2.50
RADIOLOGY	469	1,020		47,082.		46.16	.072		100.39		3.32
ROOM USE	939	1,250		52,010.		41.61	.088		55.39		3.66
CROSSOVERS/ALL OTH OUTPTNT	1,315	4,421		72,152.		16.32	.311		54.87		5.08
@COUNTY HOSPITAL TOTAL	1 , 313	4,421	\$	2,210.			.001	Ċ		Ċ	.16
CO HOSPITAL INPATIENT TOTAL	1	2	۲	1,773.		886.95	.000	۲	1773.89	۲	.12
HSC HOSPITALS	1	2		1,773.		886.95	.000		1773.89		.12
NON-HSC HOSPITALS TOTAL	0	2			00	.00	.000		.00		.00
ACCOMMODATIONS	0	0			00	.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0			00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			00	.00	.000		.00		.00
ALL OTHER ACCOM	0	0			00	.00	.000		.00		.00
ANCILLARIES	0	0			00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			00	.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	5	19		436.		22.97	.001		87.29		.03
MEDICAL	5	0			00	.00	.000		.00		.03
SURGERY	0	0			00	.00	.000		.00		.00
PATHOLOGY	1	U		55.		11.13	.000		55.67		.00
	1	1		24.		24.02	.000		24.02		.00
RADIOLOGY	3	3									
ROOM USE CROSSOVERS/ALL OTH OUTPTNT	5 5	10		152. 204.		50.75	.000		50.75 40.90		.01 .01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		י סתמו			20.45	.001	DEC		ר ער	
MOP024			I CIN	NAMYA- 10-UF-PAYMEN	I KEPOI	KI FUK JAN	ZUUZ THRU	טבי(PA	GE 1,611
MOPUZ4	FEE-FOR-SERVICE/DENT	AL									01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR PUBLIC ASSISTANCE

						MON	THLY AVERA	GE
14,196 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,324	11,429	\$	903,139.83	\$ 79.02	.805 \$	388.61	\$ 63.62
COMM HOSP INPATIENT TOTAL	157	800		641,742.32	802.18	.056	4087.53	45.21
HSC HOSPITALS	26	122		133,910.53	1097.63	.009	5150.41	9.43
NON-HSC HOSPITALS TOTAL	76	304		440,624.42	1449.42	.021	5797.69	31.04
ACCOMMODATIONS	74	304		132,124.46	434.62	.021	1785.47	9.31
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.001	1140.25	.16
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	73	294		129,843.97	441.65	.021	1778.68	9.15
ANCILLARIES	76	0		308,499.96	.00	.000	4059.21	21.73
INPATIENT CROSSOVERS	59	374		67 , 207.37	179.70	.026	1139.11	4.73
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00

COMM HOSP OUTPATIENT TOTAL	2,259	10,629		261,397.51		24.59	.749		115.71		18.41
MEDICAL	580	874		44,995.42		51.48	.062		77.58		3.17
SURGERY	116	150		10,102.30		67.35	.011		87.09		.71
PATHOLOGY	839	2,928		35,434.81		12.10	.206		42.23		2.50
RADIOLOGY	468	1,019		47,058.80		46.18	.072		100.55		3.31
ROOM USE	936	1,247		51,858.50		41.59	.088		55.40		3.65
CROSSOVERS/ALL OTH OUTPTNT	1,310	4,411		71,947.68		16.31	.311		54.92		5.07
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	36	1,049	\$	115,493.13	\$	110.10	.074	\$	3208.14	\$	8.14
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	36	1,049		115,493.13		110.10	.074		3208.14		8.14
@INTERMEDIATE CARE FACILDD	12	364	\$	54,297.88		149.17		\$	4524.82	\$	3.82
ICF DDH	12	364	•	54,297.88		149.17	.026	·	4524.82		3.82
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	75	1,235	\$	58,557.96		47.42	.087	\$	780.77	\$	4.12
HOSPITAL BASED	0	0	•	.00		.00	.000	·	.00		.00
HEMODIALYSIS CENTER	75	1,235		58,557.96		47.42	.087		780.77		4.12
@REHABILITATION FACILITY	2	16	\$	296.51		18.53	.001	Ś	148.26	Ś	.02
HOSPITAL BASED	2	16	'	296.51		18.53	.001		148.26	'	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	346	923	\$	14,769.73	\$	16.00	.065	Ś	42.69	Ś	1.04
PATHOLOGY	340	914	'	14,715.17		16.10	.064		43.28	'	1.04
XO AND OTHERS	6	9		54.56		6.06	.001		9.09		.00
@ORGANIZED OUTPATIENT CLINIC	2,608	4,078	\$	306,710.81		75.21	.287	Ś		Ś	21.61
CLINIC	60	139	'	8,834.52		63.56	.010		147.24	'	.62
SURGICENTER	22	120		5,235.92		43.63	.008		238.00		.37
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2,543	3,819		292,640.37		76.63	.269		115.08		20.61
#CALIF DEPT OF HEALTH SERV	•	•	URES	MONTH-OF-PAYMENT				DEC		PZ	AGE 1,612
MOP024	FEE-FOR-SERVICE		01120			2011 01111	2002 211110		2002		01/17/03
COLUSA COUNTY		VICES FOR PUBLIC	C ASS	TSTANCE							01/11/00
11-0011 0001111		125	- 1100				N	ONT	HLY AVERA	GE -	
14,196 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	AVF	RAGE COST	UNITS/DAY		COST PER	-	COST PER
,		OR DAYS OF CAL				R UNIT/DAY			USER		ELIGIBLE

					11014	T11T1 17 17 17 17 17 17 17 17 17 17 17 17 17	.011
14,196 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,332	56 , 798 \$	188,968.42	\$ 3.33	4.001 \$	141.87	\$ 13.31
DURABLE MED. EQUIP.	105	270	23,065.72	85.43	.019	219.67	1.62
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	23	36	4,593.41	127.59	.003	199.71	.32
MEDICAL TRANSPORTATION	159	9,319	54,425.22	5.84	.656	342.30	3.83
AMBULANCES/AIR TRANS	84	945	17,243.14	18.25	.067	205.28	1.21
OTHER TRANS	40	7,627	23,196.32	3.04	.537	579.91	1.63
OTHER SERVICES	46	747	13,985.76	18.72	.053	304.04	.99
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.00
ADULT DAY HEALTH CARE CTR	1	10	665.40	66.54	.001	665.40	.05
GENETIC DISEASE TESTING	16	16	1,041.00	65.06	.001	65.06	.07
IHMC, MODEL-NF, NF, AIDS, MSSP	6	45	3,003.35	66.74	.003	500.56	.21
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	239	539	7,876.65	14.61	.038	32.96	.55
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	25	65	6,561.79	100.95	.005	262.47	.46
PROSTHETICS	25	65	6 , 561.79	100.95	.005	262.47	.46
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	2	208.94	104.47	.000	208.94	.01
SPEECH AND AUDIOLOGY	21	75	3,076.55	41.02	.005	146.50	.22
HOSPICE SERVICES	3	40	5,129.71	128.24	.003	1709.90	.36
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	176	9,826	31,345.25	3.19	.692	178.10	2.21
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	625	36 , 553	47,932.18	1.31	2.575	76.69	3.38
@CALIF. CHILDREN SERVICES*	70	746	\$ 100,179.49	\$ 134.29	.053	\$ 1431.14	\$ 7.06
@XOVER EXCLUDING STATE HOSP**	1,826	13,641	\$ 218,657.61	\$ 16.03	.961	\$ 119.75	\$ 15.40

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,613 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - AGED AID CODE 14 1H 1U

COLUSA COUNTI	SUMMARI OF SER	VICES FOR MIN - NO	50C	- AGED	AID C	ODE 14 IH	10				
							MC	TNC	HLY AVERA	.GE	
1,208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	914	6 , 731	\$	307,705.41	\$	45.71	5.572	\$	336.66	\$	254.72
@PHYSICIANS SERVICES	171	541	\$	10,832.55	\$	20.02	.448	\$	63.35	\$	8.97
OUTPATIENT VISITS	25	35		1,162.43		33.21	.029		46.50		.96
OFFICE VISITS	18	26		723.32		27.82	.022		40.18		.60
HOME VISITS	0	0		.00		.00	.000		.00		.00
EMERGENCY ROOM	4	4		329.11		82.28	.003		82.28		.27
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	4	5		110.00		22.00	.004		27.50		.09
INPATIENT VISITS	2	4		216.16		54.04	.003		108.08		.18
HOSPITAL VISITS	2	4		216.16		54.04	.003		108.08		.18
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	5	7		269.34		38.48	.006		53.87		.22
EXAMINATIONS	5	7		269.34		38.48	.006		53.87		.22
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	7	18		2,778.49		154.36	.015		396.93		2.30
PRINCIPAL SURGEON	6	6		2,556.58		426.10	.005		426.10		2.12
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	12		221.91		18.49	.010		110.96		.18
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		20.78		5.20	.003		6.93		.02
RADIOLOGY	15	22		611.42		27.79	.018		40.76		.51
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	6		46.58		7.76	.005		11.65		.04
OTHER SERVICES/ALL X-OVERS	145	445		5,727.35		12.87	.368		39.50		4.74
@PHARMACY	769	4,286	\$	180,651.53	\$	42.15	3.548	\$	234.92	\$	149.55
PRESCRIPTION DRUGS	761	2 , 535		175,843.11		69.37	2.099		231.07		145.57

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	22	70	2,803.10		40.04	.058	127.41		2.32
OUTPATIENTS	739	2,465	173,040.01		70.20	2.041	234.15		143.25
MEDICAL SUPPLIES	35	1,751	4,808.42		2.75	1.450	137.38		3.98
@DENTIST	23	, 65 \$	•		60.22	.054	170.17	\$	3.24
VISITS - DIAGNOSTIC	17	44	768.00		17.45	.036	45.18		.64
ORAL SURGERY	6	11	457.00		41.55	.009	76.17		.38
DRUGS	0	0	.00		.00	.000	.00		.00
ANESTHESIA	0	0	.00		.00	.000	.00		.00
PERIODONTICS	0	0	.00		.00	.000	.00		.00
ENDODONTICS	1	1	330.00		330.00	.001	330.00		.27
RESTORATIVE DENTISTRY	3	5	559.00		111.80	.004	186.33		.46
PROSTHETICS	0	0	.00		.00	.000	.00		.00
DENTURES, STAYPLATES	2	4	1,800.00		450.00	.003	900.00		1.49
SPACE MAINTAINERS	0	0	.00		.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00		.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00		.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00		.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITURES /DENTAL	MONTH-OF-PAYMENT F	REPORT	FOR JAN	2002 THRU DE	EC 2002		E 1,614 01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR MN - NO S	OC - AGED	AID C	ODE 14 1H	1U			
						MON	NTHLY AVERA	GE	
1,208 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	CO	ST PER
		OR DAYS OF CARE		PEF	R UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	19	40 \$	1,008.68	\$	25.22	.033	53.09	\$.84
DIAGNOSTIC AND ANC. PROCED	11	11	521.95		47.45	.009	47.45		.43
EYE APPLIANCES	12	29	486.73		16.78	.024	40.56		.40
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000	.00	\$.00
VISITS	0	0	.00		.00	.000	.00		.00
OTHER SERVICES	0	0	.00		.00	.000	.00		.00
A DODITATED TOT	26	30 ¢	220 27	Ċ	11 20	025	12 01	Ċ	20

	9		_		 		00-11	
@OPTOMETRIST	19	40	\$	1,008.68	\$ 25.22	.033	\$ 53.09	\$.84
DIAGNOSTIC AND ANC. PROCED	11	11		521.95	47.45	.009	47.45	.43
EYE APPLIANCES	12	29		486.73	16.78	.024	40.56	.40
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	26	30	\$	338.27	\$ 11.28	.025	\$ 13.01	\$.28
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	26	30		338.27	11.28	.025	13.01	.28
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	2	\$	70.75	\$ 35.38	.002	\$ 70.75	\$.06
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	175	629	\$	23,631.13	\$ 37.57	.521	\$ 135.04	\$ 19.56
HOSP INPATIENT TOTAL	12	35		11,646.09	332.75	.029	970.51	9.64
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	6		5,552.96	925.49	.005	2776.48	4.60
ACCOMMODATIONS	2	6		2,297.84	382.97	.005	1148.92	1.90
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6		2,297.84	382.97	.005	1148.92	1.90
ANCILLARIES	2	0		3,255.12	.00	.000	1627.56	2.69
INPATIENT CROSSOVERS	10	29		6,093.13	210.11	.024	609.31	5.04
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	165	594		11,985.04	20.18	.492	72.64	9.92
MEDICAL	10	21		969.27	46.16	.017	96.93	.80
SURGERY	3	4		331.55	82.89	.003	110.52	.27
PATHOLOGY	17	54		746.27	13.82	.045	43.90	.62

RADIOLOGY	9	13		937.99		72.15	.011	104.22		.78
ROOM USE	13	19		916.55		48.24	.016	70.50		.76
CROSSOVERS/ALL OTH OUTPTNT	144	483		8,083.41		16.74	.400	56.13		6.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	ES MON	TH-OF-PAYMENT	REPOR	T FOR JAN 2	2002 THRU D	EC 2002	PP	GE 1,615
MOP024	FEE-FOR-SERVICE/DEN	NTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	S FOR MN - NO	SOC -	AGED	AID	CODE 14 1H	1U			
							MC	NTHLY AVERA	GE -	
1,208 ELIGIBLES	USERS UNI	ITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	COST PER	C	COST PER
	OI	R DAYS OF CARE			PE:	R UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	175	629	\$	23,631.13	\$	37.57	.521	\$ 135.04	\$	19.56
COMM HOSP INPATIENT TOTAL	12	35		11,646.09		332.75	.029	970.51		9.64
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	2	6		5 , 552.96		925.49	.005	2776.48		4.60
ACCOMMODATIONS	2	6		2,297.84		382.97	.005	1148.92		1.90

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	6		2,297.84		382.97	.005		1148.92		1.90
ANCILLARIES	2	0		3,255.12		.00	.000		1627.56		2.69
INPATIENT CROSSOVERS	10	29		6,093.13		210.11	.024		609.31		5.04
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	165	594		11,985.04		20.18	.492		72.64		9.92
MEDICAL	10	21		969.27		46.16	.017		96.93		.80
SURGERY	3	4		331.55		82.89	.003		110.52		.27
	17	54		746.27							
PATHOLOGY	9					13.82	.045		43.90		.62
RADIOLOGY		13		937.99		72.15	.011		104.22		.78
ROOM USE	13	19		916.55		48.24	.016		70.50		.76
CROSSOVERS/ALL OTH OUTPTNT	144	483		8,083.41		16.74	.400		56.13		6.69
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	418	\$	54,520.99	\$	130.43	.346	\$	3207.12	\$	45.13
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	1	4		483.72		120.93	.003		483.72		.40
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	16	414		54,037.27		130.52	.343		3377.33		44.73
@INTERMEDIATE CARE FACILDD	0	0	\$.00	Ċ	.00	.000	ċ	.00	ċ	.00
ICF DDH	0	0	Ą		Ą		.000	۲		۲	
	0	0		.00		.00			.00		.00
ICF DD	•			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14	23	\$	11,054.79	Ş	480.64		\$	789.63	Ş	9.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14	23		11,054.79		480.64	.019		789.63		9.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	20	\$	287.79	\$	14.39	.017	\$	26.16	\$.24
PATHOLOGY	8	17		248.33		14.61	.014		31.04		.21
XO AND OTHERS	3	3		39.46		13.15	.002		13.15		.03
@ORGANIZED OUTPATIENT CLINIC	134	220	\$	14,820.93	\$	67.37	.182	\$	110.60	\$	12.27
CLINIC	3	4	·	81.55	·	20.39	.003		27.18		.07
SURGICENTER	1	5		313.00		62.60	.004		313.00		.26
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	130	211		14,426.38		68.37	.175		110.97		11.94
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	OFC MC		FDODT			DEC		D7	AGE 1,616
MOP024	FEE-FOR-SERVICE		VEO 1410	JNIII OF FAIMENI N	E CIVI	FOR UAN 2	2002 11110	טטכ	2002	E Z	01/17/03
			200	ACED	7 T D C	ODE 14 111	1 11				01/11/03
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR MN - NO) SUC	- AGED	AID C	ODE 14 IH		ONTE		с п	
1 000 51 53 57			_				M			-	
1,208 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			/	-			COST PER
	= -	OR DAYS OF CAR				UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	76	457	\$	6,574.00	\$	14.39	.378	\$	86.50	\$	5.44
DURABLE MED. EQUIP.	3	4		231.35		57.84	.003		77.12		.19
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	3	4		1,539.66		384.92	.003		513.22		1.27
MEDICAL TRANSPORTATION	10	286		612.52		2.14	.237		61.25		.51
AMBULANCES/AIR TRANS	1	3		137.96		45.99	.002		137.96		.11
OTHER TRANS	3	51		147.64		2.89	.042		49.21		.12
OTHER SERVICES	6	232		326.92		1.41	.192		54.49		.27
	_	_									

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ACUPUNCTURE

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ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	18	41	536.56	13.09	.034	29.81	.44
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	4	137.33	34.33	.003	45.78	.11
PROSTHETICS	3	4	137.33	34.33	.003	45.78	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	3	6	536.17	89.36	.005	178.72	. 44
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	37	112	2,980.41	26.61	.093	80.55	2.47
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	320	2,041	\$ 42,593.27	\$ 20.87	1.690	\$ 133.10	\$ 35.26

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,617
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 226.43 \$ @TOTAL, ALL PROVIDERS 226.43 \$ 113.22 .000 \$.00 0 .000 \$ @PHYSICIANS SERVICES 0 \$.00 \$.00 .00 \$.00 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 OFFICE VISITS .00 .000 .00 .00 HOME VISITS .00 .00 .000 .00 .00 .00 .00 .00 .000 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 .00 .00 .00 .000 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS .000 INPATIENT HOSPITAL SURGERY .00 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .00 .000 .00 ANESTHESIOLOGIST .00 .00 .000 .00 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 PRINCIPAL SURGEON .00 .000 .00 .00 .00 .000 .00 ASSISTANT SURGEON .00 ANESTHESIOLOGIST .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	2	\$	226.43	\$	113.22	.000	\$	226.43	\$.00
PRESCRIPTION DRUGS	1	2		226.43		113.22	.000		226.43		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	2		226.43		113.22	.000		226.43		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MONTH-O	F-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTA	L								(1/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY

SUMMARY OF SERVICES FOR MN - NO SOC - BLIND AID CODE 24

						MC	TNC	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00		.00	.000		.00		.00
HSC HOSPITALS	0	0	.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00

INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00		.00	.00
CO HOSP OUTPATIENT TOTAL	0	0			.000	.00	
MEDICAL	0	0	.00	.00	.000		.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	U	.00	.00	.000	.00	.00
ROOM USE	U	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DEC	2002	PAGE 1,619
MOP024	FEE-FOR-SERVICE/						01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO SOC -	BLIND	AID CODE			
					MON7		
00 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	•
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	Ō	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
01.0000 v 11.00 / 11.1111 O 111 O 0 11 11 11	0	0 6	.00	.00	.000	.00	.00

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@STATE HOSPITAL

MENTALLY ILL

@NURSING FACILITY

DEVELOP. DISABLED

LEV A-INTERMEDIATE

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LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	9 0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXPENDITUR	RES MC	ONTH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU	DEC	2002	PAGE	1,620
MOP024	FEE-FOR-SERVICE/	DENTAL								01	/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR MN - NO	SOC	- BLIND		AID CODE	24				
							M	ONTE	HLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEI	RAGE COST	UNITS/DAY	S	COST PER	COSI	PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG		USER	ELIC	SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
O. H. MOMATO THE MUTTOR TIMES AND CITIES	3 0 3 0ED3D3EE T	37EOD343EEO37					

^{0*} Totals in these lines are given as a separate information item only;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,621 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G

	MONTHLY AVE						.GE
581 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	506	20,122 \$	455,973.14	\$ 22.66	34.633 \$	901.13	\$ 784.81
@PHYSICIANS SERVICES	108	634 \$	15,772.94	\$ 24.88	1.091 \$	146.05	\$ 27.15
OUTPATIENT VISITS	15	19	897.03	47.21	.033	59.80	1.54
OFFICE VISITS	11	12	527.72	43.98	.021	47.97	.91
HOME VISITS	1	2	97.20	48.60	.003	97.20	.17
EMERGENCY ROOM	2	2	68.98	34.49	.003	34.49	.12
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	3	3	203.13	67.71	.005	67.71	.35
INPATIENT VISITS	5	52	2,642.96	50.83	.090	528.59	4.55
HOSPITAL VISITS	5	45	1,791.76	39.82	.077	358.35	3.08
CRITICAL CARE	2	7	851.20	121.60	.012	425.60	1.47
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	29.72	29.72	.002	29.72	.05
EXAMINATIONS	1	1	29.72	29.72	.002	29.72	.05
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	6	74	5 , 396.59	72.93	.127	899.43	9.29
PRINCIPAL SURGEON	5	21	4,446.68	211.75	.036	889.34	7.65
ASSISTANT SURGEON	1	1	231.75	231.75	.002	231.75	.40
ANESTHESIOLOGIST	2	52	718.16	13.81	.090	359.08	1.24

OUTPATIENT SURGERY	7	8		1,399.33		174.92	.014		199.90		2.41
PRINCIPAL SURGEON	7	8		1,399.33		174.92	.014		199.90		2.41
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	1	12		199.44		16.62	.021		199.44		.34
PATHOLOGY	2	2		72.93		36.47	.003		36.47		.13
RADIOLOGY	8	35		489.04		13.97	.060		61.13		.84
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	83	431		4,645.90		10.78	.742		55.97		8.00
@ PHARMACY	413	2,144	\$	149,786.14	\$	69.86	3.690	\$	362.68	\$	257.81
PRESCRIPTION DRUGS	405	1,555		146,948.18		94.50	2.676		362.84		252.92
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	405	1,555		146,948.18		94.50	2.676		362.84		252.92
MEDICAL SUPPLIES	28	589		2,837.96		4.82	1.014		101.36		4.88
@DENTIST	19	101	\$	6,488.00	\$	64.24	.174	\$	341.47	\$	11.17
VISITS - DIAGNOSTIC	11	38		634.00		16.68	.065		57.64		1.09
ORAL SURGERY	3	36		1,830.00		50.83	.062		610.00		3.15
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.002		100.00		.17
PERIODONTICS	2	2		200.00		100.00	.003		100.00		.34
ENDODONTICS	1	2		660.00		330.00	.003		660.00		1.14
RESTORATIVE DENTISTRY	5	16		2,024.00		126.50	.028		404.80		3.48
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	6		1,040.00		173.33	.010		346.67		1.79
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN		RES M	ONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	P <i>P</i>	AGE 1,622
MOP024	FEE-FOR-SERVICE/DENT										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR MN - N	o soc	- DISABLED 64 6	6G 6H	6U 6V 6					
			_				N	IONTI	HLY AVERA	.GE -	

						1.1	.014.		ш	
581 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	ΑV	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	13	34	\$ 555.60	\$	16.34	.059	\$	42.74	\$.96
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.002		47.45		.08
EYE APPLIANCES	11	29	501.23		17.28	.050		45.57		.86
OTHER OPTOMETRIC SERVICES	2	4	6.92		1.73	.007		3.46		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	46	\$ 3,374.20	\$	73.35	.079	\$	374.91	\$	5.81
NURSE ANESTHESIST	1	5	\$ 18.62	\$	3.72	.009	\$	18.62	\$.03
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	111	613	\$ 233,217.45	\$	380.45	1.055	\$	2101.06	\$	401.41
HOSP INPATIENT TOTAL	14	130	223,983.46		1722.95	.224		15998.82		385.51
HSC HOSPITALS	3	54	75,094.00		1390.63	.093		25031.33		129.25

MON-HISC HOSPITAL TOTAL											
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	NON-HSC HOSPITAL TOTAL	4			143,029.00)	2860.58	.086	35757.25		246.18
TRANSITIONAL IF CARE ANCILLARIES 4 0 76,136.09 ALO THER ROCKOR 4 0 76,136.09 ALO THER ROSVERS 8 26 5,860.46 ALO THER ROTATIONAL 100 0 76,136.09 ALO THER ROMANIES 4 0 76,136.09 ALO THER ROMANIES 8 26 5,860.46 ALO THER ROMANIES 100 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	4	50		66,892.91	-	1337.86	.086	16723.23		115.13
ALL OTHER ACCOM ANCILLARIES 4 0 76,136.09 0.00 .000 19034.02 131.04 INDATIENT CROSSOVERS 8 26 5,860.46 225.40 .045 732.56 10.09 ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL 100 483 9,233.99 19.12 .831 92.34 15.89 MEDICAL 6 10 268.61 26.86 .017 44.77 14.89 MEDICAL 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADMINISTRATIVE DAYS	0	0		.00)	.00	.000	.00		.00
ANCILLARIES	TRANSITIONAL IP CARE	0	0		.00)	.00	.000	.00		.00
ANCILLARIES	ALL OTHER ACCOM	4	50		66,892.91	_	1337.86	.086	16723.23		115.13
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	4	0				.00	.000	19034.02		131.04
HOSP OUTPATIENT TOTAL 100	INPATIENT CROSSOVERS	8	26		5,860.46	5	225.40	.045	732.56		10.09
MEDICAL 6	ALL OTHER INPATIENT	0	0		.00)	.00	.000	.00		.00
MEDICAL 6	HOSP OUTPATIENT TOTAL	100	483		9,233.99)		.831	92.34		
SUNCERY 3	MEDICAL	6	10				26.86	.017	44.77		.46
RADIOLOGY	SURGERY	3	3		117.24		39.08	.005	39.08		
RADIOLOGY	PATHOLOGY	16	73		885.19)	12.13	.126	55.32		1.52
ROOM USE	RADIOLOGY	4						.010			1.25
CROSSOVERS/ALL OTH OUTPINT 78 358 5,910.86 16.51 6.16 75.78 10.17			33								
COLONITY HOSPITAL TOTAL 2	CROSSOVERS/ALL OTH OUTPINT	78	358				16.51	.616	75.78		10.17
CO HOSPITALI INPATIENT TOTAL 2 47 63,544.00 1352.00 .081 31772.00 109.37 HSC HOSPITALS TOTAL 0 0 0 .00 .000 .000 .000 .000 .000 .0	@COUNTY HOSPITAL TOTAL	2	47	\$	•		1352.00	.081	\$ 31772.00	\$	109.37
HSC HOSPITALS	CO HOSPITAL INPATIENT TOTAL	2	47	·				.081			109.37
NON-HSC HOSPITALS TOTAL ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HSC HOSPITALS	2	47					.081	31772.00		109.37
ACCOMMODATIONS 0 0 0 00 00 00 00 00 00 00 00 00 00 00	NON-HSC HOSPITALS TOTAL	0	0		•			.000	.00		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0			0								
ANCILLARIES 0 0 0 0 0 00 00 00 00 00 00 00 00 00 0		0	0								
INPATIENT CROSSOVERS		0	0								
ALL OTHER INPATIENT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	INPATIENT CROSSOVERS	0	0				.00	.000			.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
MEDICAL 0 0 .00 <td></td> <td>0</td> <td>0</td> <td></td> <td>.00</td> <td>)</td> <td>.00</td> <td></td> <td></td> <td></td> <td></td>		0	0		.00)	.00				
SURGERY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	MEDICAL	0	0		.00)	.00				
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0								
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
ROOM USE 0 0 .00		0	0								
CROSSOVERS/ALL OTH OUTPTNT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0								
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,623 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G 581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04		0	0								
MOP024 COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G		MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO						P	
COLUSA COUNTY SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G MONTHLY AVERAGE 581 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE QCOMMUNITY HOSPITAL TOTAL SUMMARY OF SERVICES FOR MN - NO SOC - DISABLED 64 6G 6H 6U 6V 6X 8G MONTHLY AVERAGE EXPENDITURES AVERAGE COST UNITS/DAYS PER UNIT/DAY PER ELIG USER ELIGIBLE QCOMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04											
MONTHLY AVERAGE 581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04				SOC	- DISABLED 64	6G	6H 6U 6V 6X	8G			,,
581 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE (COMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04									ONTHLY AVERA	GE ·	
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04	581 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	S A	VERAGE COST			-	COST PER
@COMMUNITY HOSPITAL TOTAL 110 566 \$ 169,673.45 \$ 299.78 .974 \$ 1542.49 \$ 292.04											
	@COMMUNITY HOSPITAL TOTAL	110			169,673.45						
		13	83		160,439.46	5	1933.01	.143	12341.50		276.14

581 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	110	566 \$	169,673.45	\$ 299.78	.974	1542.49	\$ 292.04
COMM HOSP INPATIENT TOTAL	13	83	160,439.46	1933.01	.143	12341.50	276.14
HSC HOSPITALS	1	7	11,550.00	1650.00	.012	11550.00	19.88
NON-HSC HOSPITALS TOTAL	4	50	143,029.00	2860.58	.086	35757.25	246.18
ACCOMMODATIONS	4	50	66,892.91	1337.86	.086	16723.23	115.13
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	50	66 , 892.91	1337.86	.086	16723.23	115.13
ANCILLARIES	4	0	76,136.09	.00	.000	19034.02	131.04
INPATIENT CROSSOVERS	8	26	5,860.46	225.40	.045	732.56	10.09
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	100	483	9,233.99	19.12	.831	92.34	15.89
MEDICAL	6	10	268.61	26.86	.017	44.77	.46
SURGERY	3	3	117.24	39.08	.005	39.08	.20
PATHOLOGY	16	73	885.19	12.13	.126	55.32	1.52
RADIOLOGY	4	6	723.58	120.60	.010	180.90	1.25
ROOM USE	18	33	1,328.51	40.26	.057	73.81	2.29

CROSSOVERS/ALL OTH OUTPINT	78	358		5,910.86		16.51	.616		75.78		10.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	9	76	\$	7,057.37	\$	92.86	.131	\$	784.15	\$	12.15
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	9	76		7,057.37		92.86	.131		784.15		12.15
@REHABILITATION FACILITY	1	1	\$	50.47	\$	50.47	.002	\$	50.47	\$.09
HOSPITAL BASED	1	1		50.47		50.47	.002		50.47		.09
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	11	28	\$	291.95	\$	10.43	.048	\$	26.54	\$.50
PATHOLOGY	9	25		269.90		10.80	.043		29.99		.46
XO AND OTHERS	2	3		22.05		7.35	.005		11.03		.04
@ORGANIZED OUTPATIENT CLINIC	121	175	\$	9,995.37	\$	57.12	.301	\$	82.61	\$	17.20
CLINIC	4	4		579.95		144.99	.007		144.99		1.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	119	171		9,415.42		55.06	.294		79.12		16.21
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES MO	NTH-OF-PAYMENT RE	EPOR:	r for Jan 200	2 THRU	DEC	2002	PA	GE 1,624
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR MN - N	O SOC	- DISABLED 64 6	6G 6I	H 6U 6V 6X 8G					

----- MONTHLY AVERAGE -----EXPENDITURES 581 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 16,265 29,365.03 \$ 1.81 27.995 \$ 362.53 \$ 50.54 81 32 8 16,306.88 509.59 .055 2038.36 DURABLE MED. EQUIP. 0 .00 BLOOD BANK .00 .00 .000 .00 2 HEARING AID DISPENSERS 50.00 25.00 .003 50.00 .09 MEDICAL TRANSPORTATION 491 5,988.16 12.20 .845 748.52 10.31 AMBULANCES/AIR TRANS 231 3,348.93 14.50 .398 1116.31 5.76 OTHER TRANS 214 793.96 3.71 .368 264.65 1.37 OTHER SERVICES 46 1,845.27 40.11 .079 615.09 3.18 ACUPUNCTURE 0 .00 .00 .000 . 00 .00 .00 .00 .000 ADULT DAY HEALTH CARE CTR .00 .00 .00 .000 .00 GENETIC DISEASE TESTING 0 .00 .000 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 11 433.31 13.13 .057 39.39 .75 0 .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 316.56 12 949.67 79.14 PROSTHETIST/ORTHOTISTS .021 1.63 12 949.67 79.14 316.56 .021 1.63 PROSTHETICS ORTHOTICS .00 .00 .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 .00 SPEECH AND AUDIOLOGY 8.87 4.44 .003 8.87 .02

HOSPICE SERVICES	0	0		36.61	.00	.000	.00	.06
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	7	31		308.20	9.94	.053	44.03	.53
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	47	15 , 662		5,283.33	.34	26.957	112.41	9.09
@CALIF. CHILDREN SERVICES*	3	16	\$	12,197.03	\$ 762.31	.028	\$ 4065.68	\$ 20.99
@XOVER EXCLUDING STATE HOSP**	167	1,412	\$	22,608.67	\$ 16.01	2.430	\$ 135.38	\$ 38.91
Q + MOMATO TAL MURCH TIMES AND CIVEN	I YO Y OHDYDYM	E TAIEODMADIONI	THEM ON	T 37 -				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,625 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

					MON	NIHLY AVERA	JE
28,108 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	11,826	56,244	\$ 3,035,070.33	\$ 53.96	2.001	256.64	\$ 107.98
@PHYSICIANS SERVICES	2,727	6,024	\$ 338,271.07	\$ 56.15	.214	124.05	\$ 12.03
OUTPATIENT VISITS	1,789	2,378	86,300.28	36.29	.085	48.24	3.07
OFFICE VISITS	1,351	1,692	53,095.54	31.38	.060	39.30	1.89
HOME VISITS	2	2	68.60	34.30	.000	34.30	.00
EMERGENCY ROOM	125	136	6 , 999.78	51.47	.005	56.00	.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.009	143.32	.68
OTHER OUTPATIENT	239	309	7,074.20	22.89	.011	29.60	.25
INPATIENT VISITS	173	466	26,140.99	56.10	.017	151.10	.93
HOSPITAL VISITS	168	417	19,160.15	45.95	.015	114.05	.68
CRITICAL CARE	17	49	6,980.84	142.47	.002	410.64	.25
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	78	89	4,023.03	45.20	.003	51.58	.14

EXAMINATIONS	78	89		4,023.03		45.20	.003		51.58		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	•	367		119,019.05		324.30			721.33		4.23
PRINCIPAL SURGEON	130	144		110,933.25		770.37	.005		853.33		3.95
ASSISTANT SURGEON	18	17		2,734.59		160.86	.001		151.92		.10
ANESTHESIOLOGIST	24	206		5,351.21		160.86 25.98	.007		222.97		.19
OUTPATIENT SURGERY	274	627		49,073.31		78.27	.022		179.10		1.75
PRINCIPAL SURGEON	241	314		41,108.39		130.92			170.57		1.46
ASSISTANT SURGEON	3	3		261.73		87.24			87.24		.01
ANESTHESIOLOGIST	44	310		7,703.19		24.85	.011		175.07		.27
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	364	529		5,311.97		10.04			14.59		.19
RADIOLOGY	414	560		23,779.89		42.46			57.44		.85
PSYCHIATRY		0		.00		.00			.00		.00
TMMINIZATION AND INTECTION	35	117		2,334.78		19.96					.08
OTHER SERVICES/ALL X-OVERS	377	891		00 007 77		0.5 0.1	0.20		59.12		.79
@PHARMACY	5.904	18,996	\$	22,287.77 646,741.62 627.354.41	Ś	34.05	.676	Ś		Ś	23.01
PRESCRIPTION DRUGS	5,815	13,029	- T	627,354.41	-7	48.15	.464	7	107.89	т.	22.32
SNF/ICF	1	19		2,749.14		144.69	.001		2749.14		.10
OUTPATIENTS	377 5,904 5,815 1 5,815	13,010		624,605.27		48.01	.463		107.41		22.22
MEDICAL SUPPLIES	229	5,967		19,387.21		3.25			84.66		.69
@DENTIST	742 471 100	3,599	\$	138,952.45	\$	38.61	.128	\$	187.27	\$	4.94
VISITS - DIAGNOSTIC	471	2,134	·	30,323.45		14.21	.076	·	64.38		1.08
ORAL SURGERY DRUGS ANESTHESIA PERIODONTICS	100	212		14,314.20		67.52	.008		143.14		.51
DRUGS	14	1.8		346.68		19.26	.001		24.76		.01
ANESTHESIA	17	17		1,700.00		100.00	.001		100.00		.06
PERIODONTICS	40	40		7,400.00		185.00	.001		185.00		.26
ENDODONTICS	4 /			15,223.50		109.52	.005		323.90		.54
RESTORATIVE DENTISTRY	271	897		57,135.75		63.70	.032		210.83		2.03
PROSTHETICS	271 0 9 11 7 0 73	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	28		2,209.50		78.91	.001		245.50		.08
SPACE MAINTAINERS	11	12		1,127.37		93.95	.000		102.49		.04
MAXILLOFACIAL SERVICES	7	10		292.00		29.20	.000		41.71		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES		87		8,580.00		98.62	.003		117.53		.31
ALL OTHER SERVICES	5	5		300.00		60.00	.000		60.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR!	r for Jan	2002 THRU	DEC	2002	PI	AGE 1,626
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR MN-NOS	OC-F	AM 34 39 3N 3T 3V 5	54 59	9 5J 5W-5Y					
							M	ONT:	HLY AVERA	GE -	

28,108 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 285 692 \$ 17,096.92 24.71 .025 \$ 59.99 \$.61 DIAGNOSTIC AND ANC. PROCED 198 200 9,348.48 46.74 .007 47.21 .33 EYE APPLIANCES 182 484 7,476.22 15.45 .017 41.08 .27 8 272.22 34.03 .000 34.03 .01 OTHER OPTOMETRIC SERVICES 8 @CHIROPRACTOR 11 16 267.52 \$ 16.72 .001 \$ 24.32 \$.01 11 16 267.52 16.72 24.32 VISITS .001 .01 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 9 313.00 .000 \$.01 @PODIATRIST 34.78 39.13 \$ MEDICINE/INJECTIONS 8 9 313.00 34.78 .000 39.13 .01 0 .000 .00 SURGERY/ANES. 0 .00 .00 .00 0 .00 .00 .00 RADIO./PATHOLOGY .00 .000 0 OTHER 0 .00 .00 .000 .00 .00 \$ @HOME HEALTH AGENCY 61 124 \$ 7,001.41 56.46 .004 \$ 114.78 \$.25 NURSE ANESTHESIST 57 290 5,465.74 \$ 18.85 .010 \$ 95.89 \$.19

NURSE MIDWIFE	7	14	\$	2,804.70	\$	200.34	.000	\$	400.67	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	2,819	12,181	\$	1,176,931.79	\$	96.62	.433	\$	417.50	\$	41.87
HOSP INPATIENT TOTAL	189	628		853,359.95		1358.85	.022		4515.13		30.36
HSC HOSPITALS	28	122		146,242.03		1198.71	.004		5222.93		5.20
NON-HSC HOSPITAL TOTAL	160	503		706,854.45		1405.28	.018		4417.84		25.15
ACCOMMODATIONS	160	503		148,115.08		294.46	.018		925.72		5.27
ADMINISTRATIVE DAYS	0	0		184.68C		.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	160	503		148,299.76		294.83	.018		926.87		5.28
ANCILLARIES	160	0		558,739.37		.00	.000		3492.12		19.88
INPATIENT CROSSOVERS	1	3		263.47		87.82	.000		263.47		.01
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	2,729	11,553		323,571.84		28.01	.411		118.57		11.51
MEDICAL	878	1,259		62,158.73		49.37	.045		70.80		2.21
SURGERY	194	261		17,366.52		66.54	.009		89.52		.62
PATHOLOGY	1,465	4,465		53,116.01		11.90	.159		36.26		1.89
RADIOLOGY	924	1,790		75,066.83		41.94	.064		81.24		2.67
ROOM USE	1,488	2,011		78,724.23		39.15	.072		52.91		2.80
CROSSOVERS/ALL OTH OUTPINT		1,767		37,139.52		21.02	.063		41.68		1.32
@COUNTY HOSPITAL TOTAL	2	25	\$	938.33	\$	37.53	.001	\$	469.17	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	2	25		938.33		37.53	.001		469.17		.03
MEDICAL	2	10		560.08		56.01	.000		280.04		.02
SURGERY	0	0		87.77		.00	.000		.00		.00
PATHOLOGY	2	8		41.66		5.21	.000		20.83		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	7		238.77		34.11	.000		119.39		.01
CROSSOVERS/ALL OTH OUTPINT	0	0		10.05		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PA	GE 1,627
MOP024	FEE-FOR-SERVICE/DE	NTAL									01/17/03
COTTICE COTTIETT	0100000011 0E 0EDITE	a =ab .maa			- 4 -	0 5 - 5 5-					

COLUSA COUNTY SUMMARY OF SERVICES FOR MN-NOSOC-FAM 34 39 3N 3T 3V 54 59 5J 5W-5Y 6J

COLOSA COUNTI	DOMINANT OF DELIC	VICED FOR MIN NODO	71 24 22 21 21 2	7 JJ JU JW JI	00			
					MON	ITHLY AVERA	GΕ	
28,108 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,818	12,156	\$ 1,175,993.46	\$ 96.74	.432 \$	417.31	\$	41.84
COMM HOSP INPATIENT TOTAL	189	628	853,359.95	1358.85	.022	4515.13		30.36
HSC HOSPITALS	28	122	146,242.03	1198.71	.004	5222.93		5.20
NON-HSC HOSPITALS TOTAL	160	503	706,854.45	1405.28	.018	4417.84		25.15
ACCOMMODATIONS	160	503	148,115.08	294.46	.018	925.72		5.27
ADMINISTRATIVE DAYS	0	0	184.68CR	. 00	.000	.00		.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	160	503	148,299.76	294.83	.018	926.87		5.28
ANCILLARIES	160	0	558,739.37	.00	.000	3492.12		19.88
INPATIENT CROSSOVERS	1	3	263.47	87.82	.000	263.47		.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00

COMM HOSP OUTPATIENT TOTAL	2,728	11,528		322,633.51		27.99	.410		118.27		11.48
MEDICAL	876	1,249		61,598.65		49.32	.044		70.32		2.19
SURGERY	194	261		17,278.75		66.20	.009		89.07		.61
PATHOLOGY	1,464	4,457		53,074.35		11.91	.159		36.25		1.89
RADIOLOGY	924	1,790		75,066.83		41.94	.064		81.24		2.67
ROOM USE	1,486	2,004		78,485.46		39.16	.071		52.82		2.79
CROSSOVERS/ALL OTH OUTPINT	891	1,767		37,129.47		21.01	.063		41.67		1.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	6	9	\$	613.50	\$	68.17	.000	\$	102.25	\$.02
HOSPITAL BASED	6	9	·	613.50	·	68.17	.000		102.25		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	936	2,452	\$	40,901.36		16.68	.087	\$	43.70	\$	1.46
PATHOLOGY	936	2,452		40,901.36		16.68	.087		43.70		1.46
XO AND OTHERS	0	, 0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,680	7,291	\$	574,799.66		78.84	.259	\$	122.82	\$	20.45
CLINIC	135	281		9,599.48		34.16	.010		71.11		.34
SURGICENTER	25	146		4,926.97		33.75	.005		197.08		.18
HEROIN DETOX CLINIC	1	7		76.65		10.95	.000		76.65		.00
RURAL HEALTH CLINIC	4,559	6,857		560,196.56		81.70	.244		122.88		19.93
#CALIF DEPT OF HEALTH SERV	•	•	RES N	MONTH-OF-PAYMENT 1	REPOR'			DEC		PΖ	AGE 1,628
MOP024	FEE-FOR-SERVICE		_								01/17/03
COLUSA COUNTY			OC-FA	AM 34 39 3N 3T 3V	54 5	9 5J 5W-5Y	6Л				
								INON	THLY AVERA	GE -	
28,108 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AV	ERAGE COST	UNITS/DA	YS	COST PER	(COST PER
·		OR DAYS OF CAR	Ξ		PE:	R UNIT/DAY	PER ELI	G	USER	I	ELIGIBLE

@ALL OTHER PROVIDERS 4,547 \$ 84,909.59 \$ 18.67 .162 \$ 97.71 \$ 3.02 DURABLE MED. EQUIP. 40 44 4,008.94 91.11 .002 100.22 .14 0 2 BLOOD BANK Ω .00 .00 .000 .00 .00 759.45 .03 HEARING AID DISPENSERS 379.73 .000 379.73 67 1,516 32,447.85 21.40 .054 484.30 1.15 MEDICAL TRANSPORTATION 65 1,508 18,047.85 11.97 .054 277.66 .64 AMBULANCES/AIR TRANS .00 0 0 .00 .00 OTHER TRANS .00 .000 OTHER SERVICES 8 14,400.00 1800.00 .000 1800.00 .51 27.03 1 27.03 27.03 .000 .00 ACUPUNCTURE ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .000 .00 .00 82.75 .003 82.75 .29 GENETIC DISEASE TESTING 97 97 8,027.00 0 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP OCCUPATIONAL THERAPIST 0 0 .00 .00 .000 .00 .00 522 OPTICIAN 233 5,402.49 10.35 .019 23.19 .19 PHYSICAL THERAPIST 1 1 88.69 88.69 .000 88.69 .00

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	21	35	2,288.75	65.39	.001	108.99	.08
PROSTHETICS	21	35	2,288.75	65.39	.001	108.99	.08
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.97	.00
SPEECH AND AUDIOLOGY	19	46	7,041.81	153.08	.002	370.62	.25
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	389	2,251	24,237.46	10.77	.080	62.31	.86
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	28	504.15	18.01	.001	63.02	.02
@CALIF. CHILDREN SERVICES*	114	616	\$ 100,927.65	\$ 163.84	.022	\$ 885.33	\$ 3.59
@XOVER EXCLUDING STATE HOSP**	48	1,727	\$ 5,399.73	\$ 3.13	.061	\$ 112.49	\$.19

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,629
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 28 MEDICALLY NEEDY - NO SOC

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 28 MEDICALL	Y NEEDY - NO SOC				
					MON		
29,897 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	13,247	83 , 099 \$	3,798,975.31	\$ 45.72	2.780 \$		\$ 127.07
@PHYSICIANS SERVICES	3 , 006	7 , 199 \$	364 , 876.56		.241 \$		•
OUTPATIENT VISITS	1,829	2,432	88,359.74	36.33	.081	48.31	2.96
OFFICE VISITS	1,380	1,730	54,346.58	31.41	.058	39.38	1.82
HOME VISITS	3	4	165.80	41.45	.000	55.27	.01
EMERGENCY ROOM	131	142	7,397.87	52.10	.005	56.47	.25
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239	19,062.16	79.76	.008	143.32	.64
OTHER OUTPATIENT	246	317	7,387.33	23.30	.011	30.03	.25
INPATIENT VISITS	180	522	29,000.11	55.56	.017	161.11	.97
HOSPITAL VISITS	175	466	21,168.07	45.43	.016	120.96	.71
CRITICAL CARE	19	56	7,832.04	139.86	.002	412.21	.26
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	84	97	4,322.09	44.56	.003	51.45	.14
EXAMINATIONS	84	97	4,322.09	44.56	.003	51.45	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	171	441	124,415.64	282.12	.015	727.58	4.16
PRINCIPAL SURGEON	135	165	115,379.93	699.27	.006	854.67	3.86
ASSISTANT SURGEON	19	18	2,966.34	164.80	.001	156.12	.10
ANESTHESIOLOGIST	26	258	6,069.37	23.52	.009	233.44	.20
OUTPATIENT SURGERY	288	653	53,251.13	81.55	.022	184.90	1.78
PRINCIPAL SURGEON	254	328	45,064.30	137.39	.011	177.42	1.51
ASSISTANT SURGEON	3	3	261.73	87.24	.000	87.24	.01
ANESTHESIOLOGIST	46	322	7,925.10	24.61	.011	172.28	.27
DIALYSIS	1	12	199.44	16.62	.000	199.44	.01
PATHOLOGY	369	535	5,405.68	10.10	.018	14.65	.18
RADIOLOGY	437	617	24,880.35	40.32	.021	56.93	.83
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	39	123	2,381.36	19.36	.004	61.06	.08
OTHER SERVICES/ALL X-OVERS	605	1,767	32,661.02	18.48	.059	53.99	1.09
@PHARMACY	7,087	25 , 428 \$		\$ 38.44	.851 \$	137.92	\$ 32.69
PRESCRIPTION DRUGS	6,982	17,121	950,372.13	55.51	.573	136.12	31.79

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SNF/ICF	23	89		5,552.24		62.38	.003		241.40		.19
OUTPATIENTS	6 , 960	17,032		944,819.89		55.47	.570		135.75		31.60
MEDICAL SUPPLIES	292	8,307		27,033.59		3.25	.278		92.58		.90
@DENTIST	784	3,765	\$	149,354.45	\$	39.67	.126	\$	190.50	\$	5.00
VISITS - DIAGNOSTIC	499	2,216		31,725.45		14.32	.074		63.58		1.06
ORAL SURGERY	109	259		16,601.20		64.10	.009		152.30		.56
DRUGS	14	18		346.68		19.26	.001		24.76		.01
ANESTHESIA	18	18		1,800.00		100.00	.001		100.00		.06
PERIODONTICS	42	42		7,600.00		180.95	.001		180.95		.25
ENDODONTICS	49	142		16,213.50		114.18	.005		330.89		.54
RESTORATIVE DENTISTRY	279	918		59,718.75		65.05	.031		214.05		2.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	14	38		5,049.50		132.88	.001		360.68		.17
SPACE MAINTAINERS	11	12		1,127.37		93.95	.000		102.49		.04
MAXILLOFACIAL SERVICES	7	10		292.00		29.20	.000		41.71		.01
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	73	87		8,580.00		98.62	.003		117.53		.29
ALL OTHER SERVICES	5	5		300.00		60.00	.000		60.00		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES I	MONTH-OF-PAYMENT R	EPOR'	r for jan 2	2002 THRU	DEC	2002	Р	AGE 1,630
MOP024	FEE-FOR-SERVICE	/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 28 MED	ICAL	LY NEEDY - NO SOC							
							M	ONT	HLY AVERA	GE	
29,897 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVI	ERAGE COST	UNITS/DAY	S (COST PER	,	COST PER
		OR DAYS OF CAR	E		PEI	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	317	766	\$	18,661.20	\$	24.36	.026	\$	58.87	\$.62
DIAGNOSTIC AND ANC. PROCED	210	212		9,917.88		46.78	.007		47.23		.33
EYE APPLIANCES	205	542		8,464.18		15.62	.018		41.29		.28
OTHER OPTOMETRIC SERVICES	10	12		279.14		23.26	.000		27.91		.01
@CHIROPRACTOR	11	16	\$	267.52	\$	16.72	.001	\$	24.32	\$.01
VISITS	11	16	·	267.52		16.72	.001		24.32		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	34	39	\$	651.27	\$	16.70	.001	\$	19.16	\$.02

MEDICINE/INJECTIONS	8	9	313.00	34.78	.000	39.13	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	26	30	338.27	11.28	.001	13.01	.01
@HOME HEALTH AGENCY	70	170 \$	10,375.61	\$ 61.03	.006		
NURSE ANESTHESIST	59	297 \$	5,555.11	\$ 18.70	.010		\$.19
	7	14 \$	2,804.70	\$ 200.34	.000		\$.09
NURSE MIDWIFE	0	0 \$	•				
PEDIATRIC NURSE PRACTITIONER	•		.00	\$.00	.000	•	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000		
@TOTAL HOSPITAL	3,105	13,423 \$	1,433,780.37	\$ 106.82	.449	•	
HOSP INPATIENT TOTAL	215	793	1,088,989.50	1373.25	.027	5065.07	36.42
HSC HOSPITALS	31	176	221,336.03	1257.59	.006	7139.87	7.40
NON-HSC HOSPITAL TOTAL	166	559	855,436.41	1530.30	.019	5153.23	28.61
ACCOMMODATIONS	166	559	217,305.83	388.74	.019	1309.07	7.27
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01CR
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	166	559	217,490.51	389.07	.019	1310.18	7.27
ANCILLARIES	166	0	638,130.58	.00	.000	3844.16	21.34
INPATIENT CROSSOVERS	19	58	12,217.06	210.64	.002	643.00	.41
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,994	12,630	344,790.87	27.30	.422	115.16	11.53
MEDICAL	894	1,290	63,396.61	49.14	.043	70.91	2.12
SURGERY	200	268	17,815.31	66.48	.009	89.08	.60
PATHOLOGY	1,498	4,592	54,747.47	11.92	.154	36.55	1.83
RADIOLOGY	937	1,809	76,728.40	42.41	.061	81.89	2.57
ROOM USE	1,519	2,063	80,969.29	39.25	.069	53.30	2.71
CROSSOVERS/ALL OTH OUTPTNT	1,113	2,608	51,133.79	19.61	.087	45.94	1.71
@COUNTY HOSPITAL TOTAL	4	72 \$	64,482.33	\$ 895.59		\$ 16120.58	
	2	47	•	1352.00		•	
CO HOSPITAL INPATIENT TOTAL	2		63,544.00		.002	31772.00	2.13
HSC HOSPITALS	0	47	63,544.00	1352.00	.002	31772.00	2.13
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	U	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	Ü	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	938.33	37.53	.001	469.17	.03
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	2	8	41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	7	238.77	34.11	.000	119.39	.01
CROSSOVERS/ALL OTH OUTPINT	0	0	10.05	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DI	EC 2002	PAGE 1,631
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 28 MEDICALLY	NEEDY - NO SOC				
					MOI	NTHLY AVERA	GE
29,897 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3,103	13,351 \$	1,369,298.04	\$ 102.56	.447		
COMM HOSP INPATIENT TOTAL	214	746	1,025,445.50	1374.59	.025	4791.80	34.30
HSC HOSPITALS	29	129	157,792.03	1223.19	.004	5441.10	5.28
NON-HSC HOSPITALS TOTAL	166	559	855,436.41	1530.30	.019	5153.23	28.61
ACCOMMODATIONS	166	559	217,305.83	388.74	.019	1309.07	7.27
VCCOLII.IODY I TONO	100	JJJ	217,303.03	JUU. / 7	• U ± 9	1000.01	1 • 4 1

ADMINISTRATIVE DAYS	0	0		184.68C	R	.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	166	559		217,490.51		389.07	.019		1310.18		7.27
ANCILLARIES	166	0		638,130.58		.00	.000		3844.16		21.34
INPATIENT CROSSOVERS	19	58		12,217.06		210.64	.002		643.00		.41
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2 , 993	12 , 605		343,852.54		27.28	.422		114.89		11.50
MEDICAL	892	1,280		62,836.53		49.09	.043		70.44		2.10
SURGERY	200	268		17,727.54		66.15	.009		88.64		.59
PATHOLOGY	1,497	4,584		54,705.81		11.93	.153		36.54		1.83
RADIOLOGY	937	1,809		76,728.40		42.41	.061		81.89		2.57
ROOM USE	1 , 517	2,056		80,730.52		39.27	.069		53.22		2.70
CROSSOVERS/ALL OTH OUTPINT		2,608		51,123.74		19.60	.087		45.93		1.71
@STATE HOSPITAL	0	. 0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	17	418	\$	54,520.99	\$	130.43	.014	\$	3207.12	\$	1.82
LEV A-INTERMEDIATE	0	0		.00	·	.00	.000		.00	•	.00
LEV B-REHAB MD	1	4		483.72		120.93	.000		483.72		.02
LEV B-SUBACUTE FREESTANDING		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	Õ		.00		.00	.000		.00		.00
LEV B-REGULAR	16	414		54,037.27		130.52	.014		3377.33		1.81
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
ICF DDH	0	0	Y	.00	Ψ	.00	.000	Ψ	.00	Υ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	23	99	\$	18,112.16	\$	182.95	.003	Ś	787.49	Ś	.61
HOSPITAL BASED	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	23	99		18,112.16		182.95	.003		787.49		.61
@REHABILITATION FACILITY	7	10	\$	663.97	\$	66.40	.003	Ċ	94.85	Ċ	.02
HOSPITAL BASED	7	10	۲	663.97	۲	66.40	.000	۲	94.85	۲	.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
	958		ċ		<u> </u>			ċ		ċ	
@LABORATORY FACILITY PATHOLOGY	958	2,500 2,494	\$	41,481.10 41,419.59	\$	16.59 16.61	.084	Ş	43.30 43.46	Ş	1.39 1.39
	5					10.25	.000		12.30		.00
XO AND OTHERS		7 (9(Ċ	61.51	Ċ	78.01		ċ		ċ	20.06
@ORGANIZED OUTPATIENT CLINIC	4,935	7,686	Ą	599,615.96	\$.257	Ş	121.50	Ş	
CLINIC	142 26	289 151		10,260.98		35.51	.010		72.26 201.54		.34
SURGICENTER		7		5,239.97		34.70	.005				.18
HEROIN DETOX CLINIC	1			76.65		10.95 80.68	.000		76.65		.00
RURAL HEALTH CLINIC	4,808	7,239	IDEC I	584,038.36			.242	DEC	121.47	ъ.	19.54
#CALIF DEPT OF HEALTH SERV			JKES I	MONTH-OF-PAYMENT R	.EPOR	T FOR JAN	2002 THRU	DEC	2002	PF	AGE 1,632 01/17/03
MOP024 COLUSA COUNTY	FEE-FOR-SERVICE		DT C 7 T :	LY NEEDY - NO SOC							01/1//03
COLUSA COUNTI	SUMMARI OF SERV	/ICES FOR ZO MEI	DICAL.	LI NEEDI - NO SOC			N.		מממנג אנודע	CE.	
29,897 ELIGIBLES	USERS	UNITS OF SERVIO	~ E	EXPENDITURES	7. 7. 7	ERAGE COST			HLY AVERA		COST PER
29,09/ ELIGIBLES	CALCO			EXPENDITORES							
GALL OWNED DROWINEDS	1 026	OR DAYS OF CAR		120 949 62		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,026	21,269	\$	120,848.62	\$	5.68	.711	Ş	117.79	Ş	4.04
DURABLE MED. EQUIP.	51	80		20,547.17		256.84	.003		402.89		.69
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	6	2 202		2,349.11		293.64	.000		391.52		.08
MEDICAL TRANSPORTATION	85	2,293		39,048.53		17.03	.077		459.39		1.31
AMBULANCES/AIR TRANS	69	1,742		21,534.74		12.36	.058		312.10		.72
OTHER TRANS	6	265		941.60		3.55	.009		156.93		.03
OTHER SERVICES	17	286		16,572.19		57.94	.010		974.83		.55
ACUPUNCTURE	1	1		27.03		27.03	.000		27.03		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.0	0	.00
GENETIC DISEASE TESTING	97	97	8,027.00	82.75	.003	82.7	5	.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.0	0	.00
OPTICIAN	262	596	6,372.36	10.69	.020	24.3	2	.21
PHYSICAL THERAPIST	1	1	88.69	88.69	.000	88.6	9	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	27	51	3,375.75	66.19	.002	125.0	3	.11
PROSTHETICS	27	51	3,375.75	66.19	.002	125.0	3	.11
ORTHOTICS	0	0	.00	.00	.000	.0	0	.00
PSYCHOLOGIST	1	4	75.97	18.99	.000	75.9	7	.00
SPEECH AND AUDIOLOGY	23	54	7,586.85	140.50	.002	329.8	6	.25
HOSPICE SERVICES	0	0	36.61	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.0	0	.00
LOCAL EDUCATION AGENCIES	396	2,282	24,545.66	10.76	.076	61.9	8	.82
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	92	15 , 802	8,767.89	.55	.529	95.3	0	.29
@CALIF. CHILDREN SERVICES*	117	632	\$ 113,124.68	\$ 178.99	.021	\$ 966.8	8 \$	3.78
@XOVER EXCLUDING STATE HOSP**	535	5 , 180	\$ 70,601.67	\$ 13.63	.173	\$ 131.9	7 \$	2.36

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,633
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 29 MN - SOC - AGED AID CODE

----- MONTHLY AVERAGE -----126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1,048 399.95 \$ 507.88 @TOTAL, ALL PROVIDERS 160 63,992.78 \$ 61.06 8.317 \$ 22 77 .611 \$ 119.07 \$ @PHYSICIANS SERVICES 2,619.48 \$ 34.02 20.79 .000 OUTPATIENT VISITS 0 0 .00 .00 .00 .00 .00 OFFICE VISITS .00 .00 .000 HOME VISITS 0 .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 EMERGENCY ROOM PREVENTIVE CARE .00 .00 .00 .000 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 HOSPITAL VISITS .00 .000 .00 .00 CRITICAL CARE .00 .00 .000 .00 .00 .000 SNF/ICF/TRANS IP CARE .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 . 00 . 00 .00 .00 .000 .00 EXAMINATIONS .00 .00 .000 .00 .00 SERVICES AND MATERIALS 420.30 .000 INPATIENT HOSPITAL SURGERY .00 .00 3.34 PRINCIPAL SURGEON .00 .00 .000 .00 .00 ASSISTANT SURGEON .00 .00 .00 .000 .00 420.30 .00 ANESTHESIOLOGIST .00 .000 3.34 OUTPATIENT SURGERY .00 .00 .000 .00 .00 .00 .00 .00 PRINCIPAL SURGEON .000 .00 .00 .00 .000 .00 .00 ASSISTANT SURGEON ANESTHESIOLOGIST 0 .00 .00 .000 .00 .00 DIALYSIS .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	0	0		1.62		.00	.000		.00		.01
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	22	77		2,197.56		28.54	.611		99.89		17.44
@PHARMACY	99	268	\$	18,301.08	\$	68.29	2.127	\$	184.86	\$	145.25
PRESCRIPTION DRUGS	98	266		17,969.32		67.55	2.111		183.36		142.61
SNF/ICF	9	39		2,860.84		73.35	.310		317.87		22.71
OUTPATIENTS	89	227		15,108.48		66.56	1.802		169.76		119.91
MEDICAL SUPPLIES	2	2		331.76		165.88	.016		165.88		2.63
@DENTIST	5	16	\$	1,563.03	\$	97.69	.127	\$	312.61	\$	12.41
VISITS - DIAGNOSTIC	5	10		219.00		21.90	.079		43.80		1.74
ORAL SURGERY	0	0		305.03		.00	.000		.00		2.42
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		100.00		.00	.000		.00		.79
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	3		39.00		13.00	.024		39.00		.31
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	2	3		900.00		300.00	.024		450.00		7.14
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITURE	S MONTH-OF	-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 1,634
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/17/03

AID CODE

----- MONTHLY AVERAGE -----126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG USER OR DAYS OF CARE ELIGIBLE @OPTOMETRIST 3 65.07 .024 \$ 65.07 \$ 21.69 .52 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 3 65.07 21.69 .024 65.07 .52 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 \$.00 .000 \$.00 \$.00 .00 0 .00 .00 .000 .00 VISITS 0 .00 .00 .00 OTHER SERVICES .000 .00 @PODIATRIST 15 138.29 9.22 .119 \$ 15.37 \$ 1.10 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 .00 SURGERY/ANES. 0 .00 .00 .000 .00 .000 RADIO./PATHOLOGY 0 .00 .00 .00 .00 OTHER 15 138.29 9.22 .119 15.37 1.10 @HOME HEALTH AGENCY .00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST .00 .00 .000 \$.00 .00 .00 .00 .000 \$.00 NURSE MIDWIFE 0 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER 0 .000 \$ FAMILY NURSE PRACTITIONER .00 .00 .00 \$.00 123 @TOTAL HOSPITAL 4,174.35 33.94 .976 \$ 154.61 33.13 HOSP INPATIENT TOTAL 2,885.79 131.17 577.16 22.90 .175 .00 HSC HOSPITALS .00 .00 .000 .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 29 MN - SOC - AGED

COLUSA COUNTY

INPATIENT CROSSOVERS	5	22		2,885.79	1	31.17	.175	577.16		22.90
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	23	101		1,288.56		12.76	.802	56.02		10.23
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	23	101		1,288.56		12.76	.802	56.02		10.23
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
HSC HOSPITALS	0	0		.00		.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES MONTH-OF	'-PAYMENT RI	EPORT F	OR JAN	2002 THRU DI	EC 2002		1,635
MOP024	FEE-FOR-SERVICE/DENTAL								C	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	29 MN	- SOC - AGED)		AID C				
							MOI	NTHLY AVERA	GE	

126 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE	!		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	27	123	\$	4,174.35	\$	33.94	.976		154.61		33.13
COMM HOSP INPATIENT TOTAL	5	22	7	2,885.79	-7	131.17	.175	т.	577.16	7	22.90
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	5	22		2,885.79		131.17	.175		577.16		22.90
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	23	101		1,288.56		12.76	.802		56.02		10.23
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	Ő		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	23	101		1,288.56		12.76	.802		56.02		10.23
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	Ψ.	.00	Y	.00	.000	۲	.00	Ψ	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	12	287	\$	32,071.77	\$	111.75	2.278	\$	2672.65	Ś	254.54
LEV A-INTERMEDIATE	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	287		32,071.77		111.75	2.278		2672.65		254.54
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	٧	.00	Ÿ	.00	.000	Y	.00	Y	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDM/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	Ÿ	.00	.000	Y	.00	Y	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	٧	.00	Y	.00	.000	Y	.00	٧	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	2	\$	20.85	\$	10.43	.016	\$	10.43	\$.17
PATHOLOGY	1	1	۲	14.60	Y	14.60	.008	۲	14.60	۲	.12
XO AND OTHERS	1	1		6.25		6.25	.008		6.25		.05
@ORGANIZED OUTPATIENT CLINIC	6	14	\$	676.36	\$	48.31		\$	112.73	\$	5.37
CLINIC	1	2	т	203.85	7	101.93	.016	Τ.	203.85	т	1.62
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	12				39.38					3.75
		CES AND EXPENDITUR	ES MO								
MOP024	FEE-FOR-SERVICE					1 1010 01110 2	.002 111110	DLO	. 2002		01/17/03
COLUSA COUNTY		ICES FOR 29 MN -	SOC	- AGED		AID CC)DE				01/1//00
COLOUIT COUNTY	BOILDING OF BEING	TODO TOTO ZO TIN	DOC	71000			M	ОИТ	HLY AVERA	GE	
126 ELIGIBLES	USERS	UNITS OF SERVICE	:	EXPENDITURES	AVF						
· · · · · ·		OR DAYS OF CARE				R UNIT/DAY					ELIGIBLE
@ALL OTHER PROVIDERS	15	243		4,362.50							
DURABLE MED. EQUIP.	2	4	•	4,362.50 3,190.82	•	797.71	.032		1595.41		25.32
BLOOD BANK	0	0		.00		.00			.00		.00

HEARING AID DISPENSERS	0	Λ		.00		00 .0	00	.00		.00
MEDICAL TRANSPORTATION	4	62		392.65			92	98.16		3.12
AMBULANCES/AIR TRANS	0	02		.00			00	.00		.00
OTHER TRANS	0	0		.00			00	.00		.00
OTHER SERVICES	4	62		392.65			92	98.16		3.12
ACUPUNCTURE	0	02		.00			100	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00			000	.00		.00
GENETIC DISEASE TESTING	0	0						.00		
	0	0		.00			000			.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00			000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00			000	.00		.00
OPTICIAN	Ţ	2		21.90	10.		16	21.90		.17
PHYSICAL THERAPIST	0	0		.00			000	.00		.00
PORTABLE X-RAY	0	0		.00			000	.00		.00
PROSTHETIST/ORTHOTISTS	1	1		9.74			800	9.74		.08
PROSTHETICS	1	1		9.74	9.	74 .0	800	9.74		.08
ORTHOTICS	0	0		.00		.00	00	.00		.00
PSYCHOLOGIST	0	0		.00		.00	00	.00		.00
SPEECH AND AUDIOLOGY	1	2		99.19	49.	60 .0	16	99.19		.79
HOSPICE SERVICES	0	0		.00		00 .0	00	.00		.00
NONINST BIRTHING CENTERS	0	0		.00		00 .0	00	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00		00 .0	00	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00		00 .0	00	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00		00 .0	00	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00		00 .0	00	.00		.00
ALL OTHER PROVIDERS	8	172		648.20	3.	77 1.3	65	81.03		5.14
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.	00 .0	00	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	62	281	\$	7,719.53	\$ 27.		30	\$ 124.51	\$	61.27
0* TOTALS IN THESE LINES ARE GIVE	EN AS A SEPARATE	INFORMATION	ITEM ON	•	•			•	•	
		-		*						

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,637
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 30 MN - SOC - BLIND AID CODE	

					MON'	THLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
	0										
DIALYSIS	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
	0		Ċ		Ċ			Ċ		Ċ	
@PHARMACY	U	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00		.00	.000		.00		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	0	0		.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
-	0	0	Y		Y			Y		Ÿ	
VISITS - DIAGNOSTIC	U	•		.00		.00	.000		.00		.00
ORAL SURGERY	Ü	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		
RESTORATIVE DENTISTRY	0	0									.00
PROSTHETICS	Ü	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
	0	0									
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0 0	0 0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	ES MON	.00	EPORT	.00	.000	DEC	.00	PA	.00 .00 .GE 1,638
ORTHODONTIC SERVICES ALL OTHER SERVICES	•	ES AND EXPENDITUR	ES MON	.00	EPORT	.00	.000	DEC	.00	P.A	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE FEE-FOR-SERVICE	ES AND EXPENDITUR		.00 .00 NTH-OF-PAYMENT RE	EPORT	.00	.000 .000 2002 THRU	DEC	.00	PA	.00 .00 .GE 1,638
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL		.00 .00 NTH-OF-PAYMENT RE	EPORT	.00 .00 FOR JAN 2	.000 .000 2002 THRU		.00		.00 .00 .GE 1,638
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN -	SOC -	.00 .00 NTH-OF-PAYMENT RE		.00 .00 FOR JAN 2	.000 .000 2002 THRU	ONT	.00 .00 2002 HLY AVERA	GE -	.00 .00 .GE 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVIC FEE-FOR-SERVICE	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE	SOC -	.00 .00 NTH-OF-PAYMENT RE	AVEI	.00 .00 FOR JAN 2 AID CO	.000 .000 2002 THRU DDE M UNITS/DAY	ONTI	.00 .00 2002 HLY AVERA	GE -	.00 .00 .GE 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES	MEDI-CAL SERVIC FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES	AVEI PER	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG	ONTI	.00 .00 2002 HLY AVERA COST PER USER	GE - C E	.00 .00 .GE 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00	AVEI	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00	GE -	.00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00	AVEI PER	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00	AVEI PER	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00	AVEI PER	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00	AVEI PER	.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00	GE - C E	.00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 .00 .02 .05 .01/17/03 .05 .05 .05 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00	GE - C E \$.00 .00 .00 .0E 1,638 .01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 .00 .0E 1,638 .01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERAGE USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .0E 1,638 .01/17/03 .0ST PER LIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00	GE - C E \$.00 .00 .00 .0E 1,638 .01/17/03 .0ST PER LIGIBLE .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	ONTI S (.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00	GE - C E \$.00 .00 .00 .0E 1,638 .01/17/03 .0ST PER LIGIBLE .00 .00 .00 .00 .00
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ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2002 HLY AVERAGE OST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .	GE - CE F S S S	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVED PER \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S (\$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00	GE - CE	.00 .00 .00 .0E 1,638 01/17/03 .0ST PER .LIGIBLE .00 .00 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEI PER \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE - C F	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVED PER \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S \$ \$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S SSS	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVED PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S \$ \$ \$ \$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	S	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVED PER \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S \$ \$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S SSS	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	SOC -	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVED PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI S \$ \$ \$ \$ \$.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00	GE S S S S SSSS	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES GOPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES GCHIROPRACTOR VISITS OTHER SERVICES GPODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER GHOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	S	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEI PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSSS	.00 .00 .00 .0E 1,638 01/17/03
ORTHODONTIC SERVICES ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 00 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ES AND EXPENDITUR /DENTAL ICES FOR 30 MN - UNITS OF SERVICE OR DAYS OF CARE O O O O O O O O O O O O O O O O O O O	S	.00 .00 NTH-OF-PAYMENT RE - BLIND EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	AVEI PER \$ \$ \$.00 .00 FOR JAN 2 AID CO RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 .000 .000 2002 THRU DDE M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000 .0	ONTI	.00 .00 .00 2002 HLY AVERA COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	GE S S S S SSSSS	.00 .00 .00 .0E 1,638 01/17/03

NON HOC HOOF FIRE TOTAL	0	O		• 0 0	• 0 0	.000	• 0 0	• 0 0	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
	0	0							
ANCILLARIES	U	U		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	O	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
	0	0							
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	U	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00	
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
	0	0							
ADMINISTRATIVE DAYS	U	U		.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
	0	0							
SURGERY	0	U		.00	.00	.000	.00	.00	
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURE	ES MO	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,63	9
MOP024	FEE-FOR-SERVICE							01/17/0	
COLUSA COUNTY		ICES FOR 30 MN -	SOC	- BITND	AID CO	UDE		01/1//	•
COLOBA COUNTI	SOMMAN OF SERV	TICES FOR SO FIN	DOC	DHIND	AID CC		אמשוע אוויים	GE	
00 811018180	Hanna	INITES OF SERVICE			717D7 CD COCH				
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER	
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$		\$.00	
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00	
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00	
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00	
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00	
	0	0							
TRANSITIONAL IP CARE	U	U		.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00	
ANCILLARIES	0	0		.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00	
MEDICAL	0	0		.00	.00	.000	.00	.00	
SURGERY	0	0		.00	.00	.000	.00	.00	
	ŭ	•							
PATHOLOGY	0	0		.00	.00	.000	.00	.00	
RADIOLOGY	0	0		.00	.00	.000	.00	.00	
ROOM USE	0	0		.00	.00	.000	.00	.00	

0

0

NON-HSC HOSPITAL TOTAL

.00

.00

.000

.00

CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUF	RES MONTH-OF-PA	AYMENT REI	PORT F	OR JAN 2002	THRU	DEC 2	1002		1,640
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	30 MN -	- SOC - BLIND			AID CODE					

				AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
A* TOTALS IN THESE LINES ARE CIVE	IN AS A SEDAE	DATE INFORMATION ITEM ON	T.V •				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,641
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 31 MN - SOC - DISABLED AID CODES 65 67 6W

						MOI	NTHLY AVERA	GE
83 ELIGIBLES	USERS	UNITS OF SERVICE	€	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	103	2,461	\$	152,652.21	\$ 62.03	29.651	\$ 1482.06	\$ 1839.18
@PHYSICIANS SERVICES	30	190	\$	18,267.29	\$ 96.14	2.289	\$ 608.91	\$ 220.09
OUTPATIENT VISITS	7	22		1,361.22	61.87	.265	194.46	16.40
OFFICE VISITS	3	3		128.78	42.93	.036	42.93	1.55
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	1	13		1,058.58	81.43	.157	1058.58	12.75
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	6		173.86	28.98	.072	43.47	2.09
INPATIENT VISITS	4	17		819.01	48.18	.205	204.75	9.87
HOSPITAL VISITS	4	16		697.41	43.59	.193	174.35	8.40
CRITICAL CARE	1	1		121.60	121.60	.012	121.60	1.47
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

SERVICES AND MATERIALS	Ü	Ü		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	4	66		13,264.80		200.98	.795	33	16.20		159.82
PRINCIPAL SURGEON	3	4		11,870.67		2967.67	.048	39	56.89		143.02
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	62		1,394.13		22.49	.747	6	97.07		16.80
OUTPATIENT SURGERY	4	11				61.99	.133	1	70.49		8.22
PRINCIPAL SURGEON	3	3		519.28		61.99 173.09	.036		73.09		6.26
ASSISTANT SURGEON	0	0		.00		.00	.000	-	.00		.00
ANESTHESIOLOGIST	1	Q		162.66		20.33	.096	1	62.66		1.96
DIALYSIS	<u> </u>	0		.00		.00	.000	_	.00		.00
	3	7		308.27		44.04		1	.00		3.71
PATHOLOGY	3	16					.084				
RADIOLOGY	8			571.94		35.75	.193		71.49		6.89
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.00		10.00	.012		10.00		.12
OTHER SERVICES/ALL X-OVERS	22	50		1,250.11		25.00	.602		56.82		15.06
@PHARMACY	58	507	\$		\$	59.61	6.108		21.04	\$	364.10
PRESCRIPTION DRUGS	53	228		29,226.18		128.19	2.747	5	51.44		352.12
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	53	228		29,226.18		128.19	2.747	5	51.44		352.12
MEDICAL SUPPLIES	6	279		994.23		3.56	3.361	1	65.71		11.98
@DENTIST	2	2	\$		\$	97.00	.024	\$	97.00	\$	2.34
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00	•	.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		194.00		194.00	.012	1	94.00		2.34
	0	0						1			
ENDODONTICS	1	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	1		.00		.00	.012		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT RE	EPOR'	FOR JAN 2	2002 THRU D	EC 20	02	Ε	PAGE 1,642
MOP024	FEE-FOR-SERVICE	E/DENTAL									01/17/03
COLUSA COUNTY			- SOC	- DISABLED A	ID CO	DDES 65 67	6W				
							MC	NTHLY	AVERA	GE	
83 ELIGIBLES	USERS	UNITS OF SERVICE	Ξ	EXPENDITURES	AVE	ERAGE COST	UNITS/DAYS				COST PER
00 221013220	002110	OR DAYS OF CARE		2111 2112 2 1 0 1 1 2 2			PER ELIG		SER		ELIGIBLE
@OPTOMETRIST	3	9	\$	185.47	\$	20.61	.108		61.82		2.23
DIAGNOSTIC AND ANC. PROCED	1	1	٧	47.45	Y	47.45	.012		47.45	Y	.57
	3	8		138.02		17.25	.096		46.01		1.66
EYE APPLIANCES	0										
OTHER OPTOMETRIC SERVICES	0	0	<u>~</u>	.00	<u> </u>	.00	.000	<u>^</u>	.00	<u> </u>	.00
@CHIROPRACTOR	-	0	\$.00	\$.00	.000	\$.00	Ş	.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	2	3	\$	9.31	\$	3.10		\$	4.66	\$.11
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	2	3		9.31		3.10	.036		4.66		.11
@HOME HEALTH AGENCY	1	13	\$	973.18	\$	74.86	.157	\$ 9	73.18	\$	11.73
NURSE ANESTHESIST	1	2	\$	70.75	\$	35.38	.024	\$	70.75	\$.85
					•						

EXAMINATIONS

SERVICES AND MATERIALS

0

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NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	45	546	\$	87,284.83	\$	159.86		\$	1939.66	\$	1051.62
HOSP INPATIENT TOTAL	6	25		43,669.68			.301		7278.28		526.14
HSC HOSPITALS	2	8		18,842.00		2355.25 1642.62 430.82	.096		9421.00		227.01
NON-HSC HOSPITAL TOTAL	3	8 15 15		24,639.23		1642.62	.181		8213.08		296.86
ACCOMMODATIONS	3	15		6,462.30		430.82	.181		2154.10		77.86
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	3	15		6,462.30		430.82	.181		2154.10		77.86
ANCILLARIES	3	0		18,176.93		.00	.000		6058.98		219.00
INPATIENT CROSSOVERS	1	2		188.45		94.23	.024		188.45		2.27
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	43	521		43,615.15		83.71	6.277		1014.31		525.48
MEDICAL	12	31		2,683.90		86.58	.373		223.66		32.34
SURGERY	6	6		238.15		39.69	.072		39 69		2.87
PATHOLOGY	6 15	272		2,325.53		39.69 8.55	3.277		155.04		28.02
RADIOLOGY	8	13		1,066.60		82.05	.157		133.33		12.85
ROOM USE	1.8	40		1,942.39		48.56	.482		107.91		23.40
CROSSOVERS/ALL OTH OUTPINT		159		35,358.58		48.56 222.38	1.916		955.64		426.01
@COUNTY HOSPITAL TOTAL	0	0	\$.00		.00	.000	\$		\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	•	.00	·	.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
	MEDI-CAL SERVICES AND	EXPENDITU	RES M		EPOR			DEC		P	AGE 1,643
	FEE-FOR-SERVICE/DENTAL				01		,				01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR		- soc	C - DISABLED A	ID C	ODES 65 67	6W				-1, 1, , 00
11-1111 0001111		. 01 111	200				M	ONT	HLY AVERA	GE	
00 51 50 50 50		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	_		7.7.				COCH DED		

83 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 45 546 87,284.83 \$ 159.86 6.578 \$ 1939.66 \$ 1051.62 COMM HOSP INPATIENT TOTAL 25 43,669.68 1746.79 .301 7278.28 526.14 6 8 2355.25 9421.00 HSC HOSPITALS 18,842.00 .096 227.01 NON-HSC HOSPITALS TOTAL 15 24,639.23 1642.62 .181 8213.08 296.86 15 6,462.30 430.82 2154.10 77.86 ACCOMMODATIONS .181 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 0 .00 .00 TRANSITIONAL IP CARE .00 .000 15 430.82 ALL OTHER ACCOM 6,462.30 .181 2154.10 77.86 0 6058.98 219.00 ANCILLARIES 18,176.93 .00 .000 2.27 INPATIENT CROSSOVERS 188.45 94.23 .024 188.45 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	43	521		43,615.15		83.71	6.277		1014.31		525.48
MEDICAL	12	31		2,683.90		86.58	.373		223.66		32.34
SURGERY	6	6		238.15		39.69	.072		39.69		2.87
PATHOLOGY	15	272		2,325.53		8.55	3.277		155.04		28.02
RADIOLOGY	8	13		1,066.60		82.05	.157		133.33		12.85
	18										
ROOM USE		40		1,942.39		48.56	.482		107.91		23.40
CROSSOVERS/ALL OTH OUTPTNT		159		35,358.58		222.38	1.916		955.64		426.01
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	·	.00		.00	.000	•	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
	0	0									
LEV B-SUBACUTE HSPTL BASED	U			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	3,618.22	\$	516.89		\$	603.04	Ġ	43.59
HOSPITAL BASED	0	0	۲	.00	٧	.00	.000	Y	.00	٧	.00
	0	-									
HEMODIALYSIS CENTER	6	7	_	3,618.22	_	516.89	.084	_	603.04	_	43.59
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	2	3	\$	75.68	\$	25.23	.036	\$	37.84	\$.91
PATHOLOGY	2	3		75.68		25.23	.036		37.84		.91
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23	45	\$	3,561.31	\$	79.14		\$	154.84	\$	42.91
-	0	0	۲	.00	٧	.00	.000	Y	.00	Y	.00
CLINIC	0										
SURGICENTER	•	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	23	45		3,561.31		79.14	.542		154.84		42.91
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	Р	AGE 1,644
MOP024	FEE-FOR-SERVICE,	/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 31 MN -	- SOC	- DISABLED AI	D CO	DES 65 67	6W				
***************************************							M	ONT	HIY AVERA	GE.	
83 ELIGIBLES	USERS	UNITS OF SERVICE	,	EXPENDITURES	Z/12	RAGE COST			COST PER		COST PER
05 EHIGIDHES	ODENS	OR DAYS OF CARE		EXIENDITORES		UNIT/DAY			USER		ELIGIBLE
CALL OWNED DROUTDEDG	2.4			0 101 76		- ,	_				-
@ALL OTHER PROVIDERS	24	1,134	\$	8,191.76	\$	7.22	13.663	Ş		\$	98.70
DURABLE MED. EQUIP.	1	2		1,052.57		526.29	.024		1052.57		12.68
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	10	1,038		5,689.44		5.48	12.506		568.94		68.55
AMBULANCES/AIR TRANS	0	. 0		.00		.00	.000		.00		.00
OTHER TRANS	9	1,023		5,608.32		5.48	12.325		623.15		67.57
OTHER SERVICES	1	15		81.12		5.41	.181		81.12		.98
	0	0		.00			.000		.00		
ACUPUNCTURE	0					.00					.00
ADULT DAY HEALTH CARE CTR	ŭ	0		.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000		.00		.00
OPTICIAN	2	4		45.64		11.41	.048		22.82		.55
PHYSICAL THERAPIST	0	0		.00		.00	.000		.00		.00
-	-	-		-							

PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	2	64	704.58	11.01	.771	352.29	8.49
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	9	26	699.53	26.91	.313	77.73	8.43
@CALIF. CHILDREN SERVICES*	1	9	\$ 365.94	\$ 40.66	.108	\$ 365.94	\$ 4.41
@XOVER EXCLUDING STATE HOSP**	45	472	\$ 8,427.42	\$ 17.85	5.687	\$ 187.28	\$ 101.54

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,645
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

						MON	NTHLY AVERA	GE -	
124 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	E	ELIGIBLE
@TOTAL, ALL PROVIDERS	105	629	\$	52,801.49	\$ 83.95	5.073	502.87	\$	425.82
@PHYSICIANS SERVICES	39	80	\$	3,835.28	\$ 47.94	.645	98.34	\$	30.93
OUTPATIENT VISITS	17	21		624.13	29.72	.169	36.71		5.03
OFFICE VISITS	6	9		235.20	26.13	.073	39.20		1.90
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	4	4		249.65	62.41	.032	62.41		2.01
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	7	8		139.28	17.4	1 .065		19.90		1.12
INPATIENT VISITS	2	6		311.40	51.9			155.70		2.51
HOSPITAL VISITS	2	6		311.40	51.9			155.70		2.51
CRITICAL CARE	0	0		.00	.0			.00		.00
SNF/ICF/TRANS IP CARE	0	Û		.00	.0			.00		.00
OPHTHALMOLOGICAL SERVICES	1	1		46.44	46.4			46.44		.37
EXAMINATIONS	1	1		46.44	46.4			46.44		.37
SERVICES AND MATERIALS	0	0		.00	.0			.00		.00
INPATIENT HOSPITAL SURGERY	3	22		1,521.69	69.1			507.23		12.27
PRINCIPAL SURGEON	2	2		1,158.97	579.4			579.49		9.35
ASSISTANT SURGEON	1	1		138.14	138.1			138.14		1.11
ANESTHESIOLOGIST	1	19		224.58	11.8			224.58		1.81
OUTPATIENT SURGERY	2	2		462.86	231.4			231.43		3.73
PRINCIPAL SURGEON	2	2		462.86	231.4			231.43		3.73
ASSISTANT SURGEON	0	0		.00	.0			.00		.00
ANESTHESIOLOGIST	0	0		.00	.0			.00		.00
DIALYSIS	0	0		.00	.0			.00		.00
PATHOLOGY	0	0		.00	.0			.00		.00
RADIOLOGY	15	16		591.59	36.9			39.44		4.77
PSYCHIATRY	0	0		.00	.0			.00		.00
IMMUNIZATION AND INJECTION	3	6		28.28	4.7			9.43		.23
OTHER SERVICES/ALL X-OVERS	6	6		248.89	41.4			41.48		2.01
@PHARMACY	4 4	220	\$	12,470.57				283.42	Ś	100.57
PRESCRIPTION DRUGS	43	120	'	12,465.37	103.8			289.89		100.53
SNF/ICF	0	0		.00	.0			.00		.00
OUTPATIENTS	43	120		12,465.37	103.8			289.89		100.53
MEDICAL SUPPLIES	1	100		5.20	.0			5.20		.04
@DENTIST	1.4	39	\$	624.00	\$ 16.0			44.57	Ś	5.03
VISITS - DIAGNOSTIC	6	19	'	160.00	8.4			26.67		1.29
ORAL SURGERY	1	1		45.00	45.0			45.00		.36
DRUGS	0	0		.00	.0			.00		.00
ANESTHESIA	0	0		.00	.0	0 .000		.00		.00
PERIODONTICS	0	0		.00	.0			.00		.00
ENDODONTICS	0	0		.00	.0			.00		.00
RESTORATIVE DENTISTRY	3	9		389.00	43.2			129.67		3.14
PROSTHETICS	1	1		30.00	30.0			30.00		.24
DENTURES, STAYPLATES	0	0		.00	.0	0 .000		.00		.00
SPACE MAINTAINERS	0	0		.00	.0			.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.0	0 .000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.0	0 .000		.00		.00
ORTHODONTIC SERVICES	7	9		.00	.0	0 .073		.00		.00
ALL OTHER SERVICES	0	0		.00	.0	0 .000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	D EXPENDITU	JRES M	MONTH-OF-PAYMENT RE	EPORT FOR J.	AN 2002 THRU	DEC 2	.002	P	PAGE 1,646
MOP024	FEE-FOR-SERVICE/DENT	AL								01/17/03

----- MONTHLY AVERAGE -----124 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 6 16 \$ 381.72 \$ 23.86 .129 \$ 63.62 \$ 3.08 DIAGNOSTIC AND ANC. PROCED 189.80 47.45 .032 47.45 4 1.53 EYE APPLIANCES 12 191.92 15.99 .097 47.98 1.55 .000 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR VISITS 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

COLUSA COUNTY SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

MEDICINE / INTEGRIONS	0			0.0		0.0	000		0.0		0.0
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	4	\$	286.42	\$	71.61	.032	\$	286.42	\$	2.31
NURSE ANESTHESIST	1	2	Ś	70.75	\$	35.38		\$	70.75	\$.57
NURSE MIDWIFE	0	0	Ś	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	<u>۲</u>	.00	\$.00		\$.00	\$.00
			ې د								
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	36	150	Ş	19,424.26	\$	129.50		\$	539.56	Ş	156.65
HOSP INPATIENT TOTAL	4	13		16,121.23		1240.09	.105		4030.31		130.01
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	4	13		16,121.23		1240.09	.105		4030.31		130.01
ACCOMMODATIONS	4	13		8,494.01		653.39	.105		2123.50		68.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	13		8,494.01		653.39	.105		2123.50		68.50
	4	0		7,627.22		.00	.000		1906.81		61.51
ANCILLARIES	0			•							
INPATIENT CROSSOVERS	•	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	34	137		3,303.03		24.11	1.105		97.15		26.64
MEDICAL	7	9		553.30		61.48	.073		79.04		4.46
SURGERY	1	1		39.53		39.53	.008		39.53		.32
PATHOLOGY	27	76		824.72		10.85	.613		30.55		6.65
RADIOLOGY	10	16		1,028.37		64.27	.129		102.84		8.29
ROOM USE	17	20		618.13		30.91	.161		36.36		4.98
CROSSOVERS/ALL OTH OUTPTNT		15		238.98		15.93	.121		23.90		1.93
	0	0	\$		\$			ċ	.00	ċ	
@COUNTY HOSPITAL TOTAL			Ş	.00	Ş	.00		P		Þ	.00
CO HOSPITAL INPATIENT TOTAL		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00					.00		
	0	0				.00	.000				.00
MEDICAL	U	U		.00		.00	.000		.00		.00
SURGERY	Ü	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITUR	RES MO	NTH-OF-PAYMENT RE	EPORT	r for Jan 2	002 THRU D	EC	2002	Ρž	AGE 1,647
MOP024	FEE-FOR-SERVICE										01/17/03
COLUSA COUNTY		ICES FOR 32 MN -	SOC	- FAMILIES AID CO	ODE "	5R 6R 37					,,
COHODII COOMII	BOTHMIN OF BEIN	TOBO TOR 32 PM	DOC	171111111111111111111111111111111111111			MO	יחיות	מדע אוודטא	CF.	
124 FITCIBLES	HCEDC	INTER OF SERVICE	,	EVDENDIMIDEC	7\ \ 7.T	ERAGE COST					COST PER
124 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				(
		OR DAYS OF CARE				R UNIT/DAY		_	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	36	150	\$	19,424.26		129.50	1.210	Ş		Ş	156.65
COMM HOSP INPATIENT TOTAL	4	13		16,121.23		1240.09	.105		4030.31		130.01
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	4	13		16,121.23		1240.09	.105		4030.31		130.01
ACCOMMODATIONS	4	13		8,494.01		653.39	.105		2123.50		68.50
				•							

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	4	13		8,494.01	6	53.39	.105		2123.50		68.50
ANCILLARIES	4	0		7,627.22		.00	.000		1906.81		61.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	34	137		3,303.03		24.11	1.105		97.15		26.64
MEDICAL	7	9		553.30		61.48	.073		79.04		4.46
SURGERY	1	1		39.53		39.53	.008		39.53		.32
PATHOLOGY	27	76		824.72		10.85	.613		30.55		6.65
RADIOLOGY	10	16		1,028.37		64.27	.129		102.84		8.29
ROOM USE	17	20		618.13		30.91	.161		36.36		4.98
CROSSOVERS/ALL OTH OUTPTNT	10	15		238.98		15.93	.121		23.90		1.93
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	8	19	\$	357.53	\$	18.82	.153	\$	44.69	\$	2.88
PATHOLOGY	8	19		357.53		18.82	.153		44.69		2.88
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	22	37	\$	2,972.24	\$	80.33	.298	\$	135.10	\$	23.97
CLINIC	1	1		10.00		10.00	.008		10.00		.08
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	21	36		2,962.24		82.28	.290		141.06		23.89
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES MO	NTH-OF-PAYMENT RE	EPORT F	OR JAN	1 2002 THRU	DEC	2002	P.	AGE 1,648
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
					_						

----- MONTHLY AVERAGE -----UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER NI'L PER EL .500 1 .016 .00 .000 .00 .000 9.40 .2 124 ELIGIBLES USERS OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 62 \$ 12,378.72 \$ 199.66 .500 \$ 1547.34 \$ 99.83 @ALL OTHER PROVIDERS DURABLE MED. EQUIP. 75.41 37.71 75.41 .61 .00 .00 0 .00 .00 BLOOD BANK HEARING AID DISPENSERS 0 0 .00 .00 .00 226.71 27 226.71 1.83 MEDICAL TRANSPORTATION 27 226.71 226.71 1.83 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 .00 .00 ACUPUNCTURE .00 .000 .00 .00

SUMMARY OF SERVICES FOR 32 MN - SOC - FAMILIES AID CODE 5R 6R 37

COLUSA COUNTY

ADULT DAY HEALTH CARE CTR	0	0	.00		.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00		.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00		.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00		.00	.000	.00	.00
OPTICIAN	3	8	77.24		9.66	.065	25.75	.62
PHYSICAL THERAPIST	0	0	.00		.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00		.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	25	11,999.36	47	9.97	.202	3999.79	96.77
PROSTHETICS	3	25	11,999.36	47	9.97	.202	3999.79	96.77
ORTHOTICS	0	0	.00		.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00		.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00		.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00		.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00		.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00		.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00		.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00		.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00		.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00		.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	3	25	\$ 11,999.36	\$ 47	9.97	.202	\$ 3999.79	\$ 96.77
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,649
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 33 MEDICALLY NEEDY - SOC

					MON	THIY AVERA	GE
333 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	368	4,138 \$	269,446.48	\$ 65.12	12.426 \$		
@PHYSICIANS SERVICES	91	347 \$	24,722.05	\$ 71.25	1.042 \$	271.67	
OUTPATIENT VISITS	24	43	1,985.35	46.17	.129	82.72	5.96
OFFICE VISITS	9	12	363.98	30.33	.036	40.44	1.09
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	5	17	1,308.23	76.95	.051	261.65	3.93
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	11	14	313.14	22.37	.042	28.47	.94
INPATIENT VISITS	6	23	1,130.41	49.15	.069	188.40	3.39
HOSPITAL VISITS	6	22	1,008.81	45.86	.066	168.14	3.03
CRITICAL CARE	1	1	121.60	121.60	.003	121.60	.37
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1	46.44	46.44	.003	46.44	.14
EXAMINATIONS	1	1	46.44	46.44	.003	46.44	.14
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	7	88	15,206.79	172.80	.264	2172.40	45.67
PRINCIPAL SURGEON	5	6	13,029.64	2171.61	.018	2605.93	39.13
ASSISTANT SURGEON	1	1	138.14	138.14	.003	138.14	.41
ANESTHESIOLOGIST	3	81	2,039.01	25.17	.243	679.67	6.12
OUTPATIENT SURGERY	6	13	1,144.80	88.06	.039	190.80	3.44
PRINCIPAL SURGEON	5	5	982.14	196.43	.015	196.43	2.95
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	8	162.66	20.33	.024	162.66	.49
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	7	308.27	44.04	.021	102.76	.93

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

RADIOLOGY	23	32		1,165.15	36.41	.096	50.66		3.50	
PSYCHIATRY	0	0		.00	.00	.000	.00		.00	
IMMUNIZATION AND INJECTION	4	7		38.28	5.47	.021	9.57		.11	
OTHER SERVICES/ALL X-OVERS	50	133		3,696.56	27.79	.399	73.93		11.10	
@PHARMACY	201	995	\$	60,992.06	\$ 61.30	2.988	\$ 303.44	\$	183.16	
PRESCRIPTION DRUGS	194	614		59 , 660.87	97.17	1.844	307.53		179.16	
SNF/ICF	9	39		2,860.84	73.35	.117	317.87		8.59	
OUTPATIENTS	185	575		56,800.03	98.78	1.727	307.03		170.57	
MEDICAL SUPPLIES	9	381		1,331.19	3.49	1.144	147.91		4.00	
@DENTIST	21	57	\$	2,381.03	\$ 41.77	.171	\$ 113.38	\$	7.15	
VISITS - DIAGNOSTIC	11	29		379.00	13.07	.087	34.45		1.14	
ORAL SURGERY	1	1		350.03	350.03	.003	350.03		1.05	
DRUGS	0	0		.00	.00	.000	.00		.00	
ANESTHESIA	0	0		100.00	.00	.000	.00		.30	
PERIODONTICS	1	1		194.00	194.00	.003	194.00		.58	
ENDODONTICS	0	0		.00	.00	.000	.00		.00	
RESTORATIVE DENTISTRY	5	13		428.00	32.92	.039	85.60		1.29	
PROSTHETICS	1	1		30.00	30.00	.003	30.00		.09	
DENTURES, STAYPLATES	2	3		900.00	300.00	.009	450.00		2.70	
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00	
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00	
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00	
ORTHODONTIC SERVICES	7	9		.00	.00	.027	.00		.00	
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	ONTH-OF-PAYMENT REE	PORT FOR JAN	2002 THRU	DEC 2002	P	AGE 1,650	
MOP024	FEE-FOR-SERVICE/DENTAL	1							01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR 33 MED	ICALL	Y NEEDY - SOC						
							ONTHLY AVERA	-		
222 ELICIDIEC	HORDO HNITHO	OF CEDITO	77	EADENDIMIDEC	ATTEDACE COC	n interpolation	C COCH DED		COCH DED	

							1.10	MILLE TANDIA	1011	
333 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE	C		PER	UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@OPTOMETRIST	10	28	\$	632.26	\$	22.58	.084	\$ 63.23	\$	1.90
DIAGNOSTIC AND ANC. PROCED	5	5		237.25		47.45	.015	47.45		.71

EYE APPLIANCES	8	23		395.01		17.17	.069		49.38		1.19
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	11	18	\$	147.60	\$	8.20	.054	\$	13.42	\$. 44
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	11	18		147.60		8.20	.054		13.42		.44
@HOME HEALTH AGENCY	2	17	\$	1,259.60	\$	74.09	.051	\$		\$	3.78
NURSE ANESTHESIST	2	4	\$	141.50	\$	35.38	.012	\$	70.75	\$.42
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	108	819	\$	110,883.44	\$	135.39	2.459	\$	1026.70	\$	332.98
HOSP INPATIENT TOTAL	15	60		62,676.70		1044.61	.180		4178.45		188.22
HSC HOSPITALS	2	8		18,842.00		2355.25	.024		9421.00		56.58
NON-HSC HOSPITAL TOTAL	7	28		40,760.46		1455.73	.084		5822.92		122.40
ACCOMMODATIONS	7	28		14,956.31		534.15	.084		2136.62		44.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	28		14,956.31		534.15	.084		2136.62		44.91
ANCILLARIES	7	0		25,804.15		.00	.000		3686.31		77.49
INPATIENT CROSSOVERS	6	24		3,074.24		128.09	.072		512.37		9.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	100	759		48,206.74		63.51	2.279		482.07		144.76
MEDICAL	19	40		3,237.20		80.93	.120		170.38		9.72
SURGERY	7	7		277.68		39.67	.021		39.67		.83
PATHOLOGY	42	348		3,150.25		9.05	1.045		75.01		9.46
RADIOLOGY	18	29		2,094.97		72.24	.087		116.39		6.29
ROOM USE	35	60		2,560.52		42.68	.180		73.16		7.69
CROSSOVERS/ALL OTH OUTPTNT		275		36,886.12		134.13	.826		526.94		110.77
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	Ġ	.00
CO HOSPITAL INPATIENT TOTAL		0	Y	.00	Y	.00	.000	Y	.00	٧	.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
CO HOSP OUTPATIENT TOTAL	0	0					.000				.00
MEDICAL	ŭ	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	U	0		.00		.00	.000		.00		.00
ROOM USE	0	ŭ		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT		0	NEG 34	.00		.00	.000	DE 0	.00	Б.	.00
#CALIF DEPT OF HEALTH SERV			KES M	ONTH-OF-PAYMENT R	E POR	T FOR JAN	∠UUZ THRU	DEC	. 2002	P.F	AGE 1,651
MOP024	FEE-FOR-SERVICE	,		v veedv coc							01/17/03
COLUSA COUNTY	SUMMAKY OF SERV	ICES FOR 33 MEDI	LCALL	i NEEDY - SOC				1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	HLY AVERA	CE.	
333 ELIGIBLES	USERS	TINITUS OF SERVITOR	7	EADEMPT WITDE G	71 77	EDACE COC	UNITS/DAY			_	
NO PITCIPIPO	しり正たり	UNITS OF SERVICE	ت	EXPENDITURES	ΑV	TVVGT COD	T ONTID/DAI	. D	CODI LEK	(COST PER

		OR DAYS OF CAR	E		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	108	819	\$	110,883.44	\$	135.39	_		1026.70		332.98
COMM HOSP INPATIENT TOTAL	15	60		62,676.70		1044.61	.180		4178.45		188.22
HSC HOSPITALS	2	8		18,842.00		2355.25	.024		9421.00		56.58
NON-HSC HOSPITALS TOTAL	7	28		40,760.46		1455.73	.084		5822.92		122.40
ACCOMMODATIONS	7	28		14,956.31		534.15	.084		2136.62		44.91
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	28		14,956.31		534.15	.084		2136.62		44.91
ANCILLARIES	7	0		25,804.15		.00	.000		3686.31		77.49
INPATIENT CROSSOVERS	6	24		3,074.24		128.09	.072		512.37		9.23
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	100	759		48,206.74		63.51	2.279		482.07		144.76
MEDICAL	19	40		3,237.20		80.93	.120		170.38		9.72
SURGERY	7	7		277.68		39.67	.021		39.67		.83
PATHOLOGY	42	348		3,150.25		9.05	1.045		75.01		9.46
RADIOLOGY	18	29		2,094.97		72.24	.087		116.39		6.29
ROOM USE	35	60		2,560.52		42.68	.180		73.16		7.69
CROSSOVERS/ALL OTH OUTPTNT	70	275	_	36,886.12	_	134.13	.826	_	526.94	_	110.77
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ş	.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0	A	.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@NURSING FACILITY	12	287	\$	32,071.77	\$	111.75		\$		Ş	96.31
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPIL BASED LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	12	287		32,071.77		111.75	.862		2672.65		96.31
@INTERMEDIATE CARE FACILDD	0	207	\$.00	\$.00		\$.00	Ċ	.00
ICF DDH	0	0	Ą	.00	Ą	.00	.000	۲	.00	ې	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	6	7	\$	3,618.22	\$	516.89		\$	603.04	S	10.87
HOSPITAL BASED	0	0	Ψ	.00	Ψ	.00	.000	Τ.	.00	Τ.	.00
HEMODIALYSIS CENTER	6	7		3,618.22		516.89	.021		603.04		10.87
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00	·	.00	.000		.00	•	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	12	24	\$	454.06	\$	18.92	.072	\$	37.84	\$	1.36
PATHOLOGY	11	23		447.81		19.47	.069		40.71		1.34
XO AND OTHERS	1	1		6.25		6.25	.003		6.25		.02
@ORGANIZED OUTPATIENT CLINIC	51	96	\$	7,209.91	\$	75.10	.288	\$	141.37	\$	21.65
CLINIC	2	3		213.85		71.28	.009		106.93		.64
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	93				75.23			142.78		21.01
		CES AND EXPENDITU	RES MO	NTH-OF-PAYMENT R	EPOR1	r for jan 2	2002 THRU	DEC	2002	P	AGE 1,652
MOP024	FEE-FOR-SERVICE										01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 33 MED	ICALLY	NEEDY - SOC							
222			_				M				
333 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES							COST PER
GALL OMITED DOCUMENC	47	OR DAYS OF CAR		24 022 02		R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	47 4	1,439 8	Þ	24,932.98 4,318.80	\$	17.33 539.85		Þ	530.49 1079.70	Þ	74.87 12.97
DURABLE MED. EQUIP. BLOOD BANK	0	8		4,318.80		.00	.024		.00		.00
PHOOD DVIII	U	U		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.0	0 .000	.00	.00
MEDICAL TRANSPORTATION	15	1,127	6,308.80	5.6	0 3.384	420.59	18.95
AMBULANCES/AIR TRANS	1	27	226.71	8.4	0 .081	226.71	.68
OTHER TRANS	9	1,023	5,608.32	5.4	8 3.072	623.15	16.84
OTHER SERVICES	5	77	473.77	6.1	5 .231	94.75	1.42
ACUPUNCTURE	0	0	.00	.0	0 .000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.0	0 .000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.0	0 .000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.0	0 .000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
OPTICIAN	6	14	144.78	10.3	4 .042	24.13	.43
PHYSICAL THERAPIST	0	0	.00	.0	0 .000	.00	.00
PORTABLE X-RAY	0	0	.00	.0	0 .000	.00	.00
PROSTHETIST/ORTHOTISTS	4	26	12,009.10	461.8		3002.28	36.06
PROSTHETICS	4	26	12,009.10	461.8		3002.28	36.06
ORTHOTICS	0	0	.00	.0	0 .000	.00	.00
PSYCHOLOGIST	0	0	.00	.0	0 .000	.00	.00
SPEECH AND AUDIOLOGY	1	2	99.19	49.6	0 .006	99.19	.30
HOSPICE SERVICES	0	0	.00	.0	0 .000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.0	0 .000	.00	.00
LOCAL EDUCATION AGENCIES	2	64	704.58	11.0		352.29	2.12
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.0	0 .000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.0	0 .000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.0	0 .000	.00	.00
ALL OTHER PROVIDERS	17	198	1,347.73	6.8		79.28	4.05
@CALIF. CHILDREN SERVICES*	4	34	\$ 12,365.30				•
@XOVER EXCLUDING STATE HOSP**	107	753	\$ 16,146.95	\$ 21.4	4 2.261	\$ 150.91	\$ 48.49

^{0*} Totals in these lines are given as a separate information item only;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,653
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE

CCECCII CCCIVII	DOINING OF DEL	VIOLO 1010 31 1110	T1110	11000	1110 0	J D L			
						MON	ITHLY AVERA	.GE	
541 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGI	BLE
@TOTAL, ALL PROVIDERS	527	18,419	\$	1,533,055.74	\$ 83.23	34.046	2909.02	\$ 2833	3.74
@PHYSICIANS SERVICES	55	82	\$	1,039.61	\$ 12.68	.152	18.90	\$ 1	L.92
OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
	0	0									
ASSISTANT SURGEON	-	U		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
PSYCHIATRY	•						.000				.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	55	82		1,039.61		12.68	.152		18.90		1.92
@PHARMACY	455	2,934	\$	156,296.21	\$	53.27	5.423	\$	343.51	\$	288.90
PRESCRIPTION DRUGS	455	2,923		155,833.69		53.31	5.403		342.49		288.05
SNF/ICF	451	2,904		155,395.35		53.51	5.368		344.56		287.24
		•		•							
OUTPATIENTS	6	19		438.34		23.07	.035		73.06		.81
MEDICAL SUPPLIES	10	11		462.52		42.05	.020		46.25		.85
@DENTIST	34	61	\$	4,110.00	\$	67.38	.113	\$	120.88	\$	7.60
VISITS - DIAGNOSTIC	26	41		1,055.00		25.73	.076		40.58		1.95
ORAL SURGERY	4	10		415.00		41.50	.018		103.75		.77
DRUGS	0	0		.00		.00	.000		.00		.00
	0										
ANESTHESIA	-	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	10		2,640.00		264.00	.018		528.00		4.88
•	0	0		•							
SPACE MAINTAINERS	•			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0	JRES I	.00	EPORT	.00	.000	DEC	.00	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVIC	0 CES AND EXPENDITU	JRES I		EPORT	.00	.000	DEC	.00	P.	.00 AGE 1,654
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITO C/DENTAL		.00 MONTH-OF-PAYMENT RE	EPORT	.00 FOR JAN 2	.000 2002 THRU	DEC	.00	P.	.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	0 CES AND EXPENDITU		.00 MONTH-OF-PAYMENT RE	EPORT	.00	.000 2002 THRU		2002		.00 AGE 1,654 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	O CES AND EXPENDITU C/DENTAL VICES FOR 34 MN	- LTI	.00 MONTH-OF-PAYMENT RE		.00 FOR JAN 2 AID CO	.000 2002 THRU DDE M	ONT	.00 2002 HLY AVERA	GE	.00 AGE 1,654 01/17/03
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024	0 MEDI-CAL SERVICE FEE-FOR-SERVICE	OCES AND EXPENDITURED TO THE CONTROL OF SERVICES FOR SERV	- LTI CE	.00 MONTH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CO RAGE COST	.000 2002 THRU DDE M UNITS/DAY	ONT.	.00 2002 HLY AVERA COST PER	GE	.00 AGE 1,654 01/17/03 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	O CES AND EXPENDITU C/DENTAL VICES FOR 34 MN	- LTI CE	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES	AVE	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY	.000 2002 THRU DDE M UNITS/DAY	ONT.	.00 2002 HLY AVERA COST PER USER	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	OCES AND EXPENDITURED TO THE CONTROL OF SERVICES FOR SERV	- LTI CE	.00 MONTH-OF-PAYMENT RE	AVE	.00 FOR JAN 2 AID CO RAGE COST	.000 2002 THRU DDE M UNITS/DAY	ONT:	.00 2002 HLY AVERA COST PER	GE	.00 AGE 1,654 01/17/03 COST PER
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV	OCES AND EXPENDITED TO THE COLUMN TO THE COLUMN THE COL	- LTI CE RE	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10	AVE PER	.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041	ONT:	.00 2002 HLY AVERA COST PER USER 50.76	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAP 22 4	- LTI CE RE	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94	AVE PER	.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46 44.49	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5	OCES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18	- LTI CE RE	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16	AVE PER	.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46 44.49 12.68	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0	OCES AND EXPENDITED TO SERVICE OR DAYS OF CAR A 18 0	- LTI CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0	- LTI CE RE	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00	AVE PER	.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46 44.49 12.68 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0	OCES AND EXPENDITED TO SERVICE OR DAYS OF CAME	- LTI CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00	GE	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 0	OCES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 0	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46 44.49 12.68 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0	OCES AND EXPENDITED TO SERVICE OR DAYS OF CAME	- LTI CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 0	OCES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 0	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST .UNIT/DAY 18.46 44.49 12.68 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .82
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 0 44	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .82 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES.	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .82 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 32 0 0 0 0 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAM 22 4 18 0 0 0 44 0 0 0	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .000	ONT: S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00	GE ·	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 32 0 0 32 0 32	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAM 22 4 18 0 0 0 44 0 0 0 44	- LT) CE RE \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00 .442.44 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .081	ONT.	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00	GE \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .82
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 32 0 0 32 0 32 0 0 32	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 0 44	- LTI	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00 .00 442.44 .00 .00 .00 .00 .00 .00	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .000 .000	ONT S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .13.83 .00 .00	GE \$ \$ \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 32 0 0 32 0 32	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAM 22 4 18 0 0 0 44 0 0 0 44	- LTI	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00 .442.44 .00 .00 .00 .00 .00 .00 .00	AVE PER \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .081	ONT S \$.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00	GE \$ \$ \$.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .82
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 32 0 0 32 0 32 0 0 32	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 0 44	- LTI	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 .00 .00 442.44 .00 .00 .00 .00 .00 .00	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E G G G G G G G	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0 32 0 0 1 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 0 44 0 5 0	- LTI CE RE \$ \$ \$ \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 103.81 .00	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 20.76 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E G G G G G G G	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .00 .19 .00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0 32 0 1 0 0 1	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 0 44 0 5 0 0 0	- LTI	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .103.81 .00 .00 .00	AVE PER \$ \$ \$.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 20.76 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .000 .000	ONT S S S S S S S S S S S S S S S S S S S	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .13.83 .00 .00 .13.83 .00 .00	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .82 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER	MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0 32 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 44 0 0 0 44 0 0	- LTI CE S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .103.81 .00 .00 .00 .00 .00 .00 .00 .00	AVER PES S S S S S S S S S S S S S S S S S S S	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 20.76 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .001 .000 .000	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .19 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0 32 0 1 0 0 32 0 40	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 44 0 5 0 0 132	- LTI CE RE \$ \$ \$ \$.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 442.44 .00 103.81 .00 .00 4,936.87	AVER PES S S S S S S S S S S S S S S S S S S S	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .081 .000 .000 .081 .000 .000	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 0 32 0 0 0 32 0 1 0 0 40 6	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 44 0 0 132 30	- LTI CE S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PES S S S S S S S S S S S S S S S S S S S	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 20.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .001 .000 .000	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 32 0 0 32 0 1 0 0 32 0 40	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 44 0 5 0 0 132	- LTI CE S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 442.44 .00 103.81 .00 .00 4,936.87	AVER PES S S S S S S S S S S S S S S S S S S S	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 .00 .00 .00 .00 .00	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .081 .000 .000 .081 .000 .000	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV MOP024 COLUSA COUNTY 541 ELIGIBLES @OPTOMETRIST DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES OTHER OPTOMETRIC SERVICES @CHIROPRACTOR VISITS OTHER SERVICES @PODIATRIST MEDICINE/INJECTIONS SURGERY/ANES. RADIO./PATHOLOGY OTHER @HOME HEALTH AGENCY NURSE ANESTHESIST NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER @TOTAL HOSPITAL HOSP INPATIENT TOTAL	0 MEDI-CAL SERVICE FEE-FOR-SERVICE SUMMARY OF SERV USERS 8 4 5 0 0 0 0 0 32 0 0 0 32 0 1 0 0 40 6	CES AND EXPENDITE C/DENTAL VICES FOR 34 MN UNITS OF SERVIC OR DAYS OF CAR 22 4 18 0 0 0 44 0 0 44 0 0 132 30	- LTI CE S S S S S S S S S S S S S S S S S S	.00 MONTH-OF-PAYMENT RE NG - AGED EXPENDITURES 406.10 177.94 228.16 .00 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 442.44 .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER PES S S S S S S S S S S S S S S S S S S S	.00 FOR JAN 2 AID CO RAGE COST UNIT/DAY 18.46 44.49 12.68 .00 .00 .00 .00 .00 10.06 .00 .00 .00 .00 20.76 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	.000 2002 THRU DDE M UNITS/DAY PER ELIG .041 .007 .033 .000 .000 .000 .000 .001 .000 .000	ONT:	.00 2002 HLY AVERA COST PER USER 50.76 44.49 45.63 .00 .00 .00 .00 .00 .00 .00 .0	E S S S S S S S S S S S S S S S S S S S	.00 AGE 1,654 01/17/03 COST PER ELIGIBLE .75 .33 .42 .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	6	30	3,632.84	121.09	.055	605.47	6.72
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	36	102	1,304.03	12.78	.189	36.22	2.41
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	36	102	1,304.03	12.78	.189	36.22	2.41
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT 0 0 .00 .00 .00 .00

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,655
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 34 MN - LTNG - AGED AID CODE	

COLUSA COUNTY	SUMMARY OF SERVIC	ES FOR 34 MN - 1	TING -	AGED		AID C					
									HLY AVERA	ОШ	
541 ELIGIBLES		NITS OF SERVICE		EXPENDITURES			UNITS/DAY		COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG	j	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	132 \$	\$	4,936.87	7 \$	37.40	.244	\$		\$	9.13
COMM HOSP INPATIENT TOTAL	6	30		3,632.84	ļ.	121.09	.055		605.47		6.72
HSC HOSPITALS	0	0		.00)	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00)	.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00)	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00)	.00	.000		.00		.00
ANCILLARIES	0	0		.00)	.00	.000		.00		.00
INPATIENT CROSSOVERS	6	30		3,632.84	ļ.	121.09	.055		605.47		6.72
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	36	102		1,304.03		12.78	.189		36.22		2.41
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	36	102		1,304.03		12.78	.189		36.22		2.41
@STATE HOSPITAL	0	102 0 \$	2	1,304.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	2	.00		.00	.000	ې	.00	ې	.00
	0	0				.00	.000		.00		.00
DEVELOP. DISABLED	460			.00				Ś	2911.93	Ś	2475.94
@NURSING FACILITY	460	/	?	1,339,486.20		95.80	25.845	Ş		Ş	
LEV A-INTERMEDIATE	0 37	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	• ,	1,147		119,616.97		104.29	2.120		3232.89		221.10
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	423	12,835	_	1,219,869.23		95.04	23.725	_	2883.85	_	2254.84
@INTERMEDIATE CARE FACILDD	0	0 \$	į.	.00		.00	.000	\$		\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$	5	.00		.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$	3	.00		.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1 \$	5	14.60		14.60	.002	\$	14.60	\$.03
PATHOLOGY	1	1		14.60)	14.60	.002		14.60		.03
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	17	24 \$	\$	471.38	\$	19.64	.044	\$	27.73	\$.87
CLINIC	0	0		.00)	.00	.000		.00		.00
SURGICENTER	0	0		.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	17	24		471.38	}	19.64	.044		27.73		.87
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONT	H-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 1,656
MOP024	FEE-FOR-SERVICE/D	ENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVIC	ES FOR 34 MN - I	LTNG -	AGED		AID C	ODE				

						MON	ITHLY AVERA	.GE -	
541 ELIGIBLES	USERS UNIT	S OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
	OR	DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER	F	CLIGIBLE
@ALL OTHER PROVIDERS	74	1,132	\$	25,748.52	\$ 22.75	2.092 \$	347.95	\$	47.59
DURABLE MED. EQUIP.	17	56	•	18,855.44	336.70	.104	1109.14		34.85
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	7		2,811.58	401.65	.013	937.19		5.20
MEDICAL TRANSPORTATION	4 4	1,044		3,349.74	3.21	1.930	76.13		6.19
AMBULANCES/AIR TRANS	0	0		.00	.00	.000	.00		.00
OTHER TRANS	21	698		1,596.47	2.29	1.290	76.02		2.95
OTHER SERVICES	25	346		1,753.27	5.07	.640	70.13		3.24
ACUPUNCTURE	0	0		.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	4	10		111.56	11.16	.018	27.89		.21
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2		3.09	1.55	.004	3.09		.01
PROSTHETIST/ORTHOTISTS	1	4		39.60	9.90	.007	39.60		.07
PROSTHETICS	1	4		39.60	9.90	.007	39.60		.07
ORTHOTICS	0	0		.00	.00	.000	.00		.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00		.00
SPEECH AND AUDIOLOGY	0	0		.00	.00	.000	.00		.00
HOSPICE SERVICES	0	0		300.80	.00	.000	.00		.56
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	7	9		276.71	30.75	.017	39.53		.51
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	180	589	\$	15,513.49	\$ 26.34	1.089 \$	86.19	\$	28.68
@* TOTALS IN THESE LINES ARE (GIVEN AS A SEPARATE I	NFORMATION I	TEM ON	ILY;					
THE AMOUNTS ARE ALREADY INC	CLUDED IN THE APPROPR	IATE DETAIL	LINES	ABOVE.					
** THESE DATA ARE INCLUDED IN	N THE APPROPRIATE DET	AIL LINES AE	BOVE.						
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PP	GE 1,657
MOP024	FEE-FOR-SERVICE/DENT								01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 35 MN -	- LTNG	- BLIND	AID CO	DDE			

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .000 \$.00 \$ @TOTAL, ALL PROVIDERS 0 0 \$.00 \$.00 .00 @PHYSICIANS SERVICES 0 0 .00 .00 .000 \$.00 \$.00 OUTPATIENT VISITS .00 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 OFFICE VISITS HOME VISITS 0 0 .00 .00 .000 .00 .00 .00 EMERGENCY ROOM .00 .00 .000 .00 PREVENTIVE CARE .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI .00 .00 .000 .00 .00 OTHER OUTPATIENT 0 0 .00 .00 .000 .00 .00 .000 INPATIENT VISITS 0 .00 .00 .00 .00 .00 .00 .00 .000 .00 HOSPITAL VISITS CRITICAL CARE 0 0 .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00

EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00		.00
DIALYSIS	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
PSYCHIATRY	0	0	.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00		.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$		Ś	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	т.	.00
SNF/ICF	0	0	.00	.00	.000	.00		.00
OUTPATIENTS	0	0	.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00		.00
@DENTIST	0	0 \$.00	\$.00	.000 \$		Ś	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	т	.00
ORAL SURGERY	0	0	.00	.00	.000	.00		.00
DRUGS	0	0	.00	.00	.000	.00		.00
ANESTHESIA	0	0	.00	.00	.000	.00		.00
PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	•	S AND EXPENDITURES MON					PAG	E 1,658
MOP024	FEE-FOR-SERVICE/		111 01 11111111111 101	TORT TOR OTHER	LOUZ IIIKO DE	0 2002		01/17/03
COLUSA COUNTY		CES FOR 35 MN - LTNG	- BLIND	AID C	ODE			01/1//03
0020011 0001111		020 1010 00 1110 21110	222112	1125 0	MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			-	ST PER
00 221012220	002110	OR DAYS OF CARE	2111 2112 1 0 1 1 2 0	PER UNIT/DAY		USER		IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	,	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	,	.00
	_	-			• • • •			• • •

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OTHER SERVICES

SURGERY/ANES.

RADIO./PATHOLOGY

@HOME HEALTH AGENCY

NURSE ANESTHESIST

MEDICINE/INJECTIONS

@PODIATRIST

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	2	0 0			000 \$	0.0	*
NURSE MIDWIFE	0	0 \$		•	.000 \$		•
PEDIATRIC NURSE PRACTITIONER		0 \$		•	.000 \$		•
FAMILY NURSE PRACTITIONER	0	0 \$.0	•	.000 \$		•
@TOTAL HOSPITAL	0	0 \$.0	•	.000 \$		•
HOSP INPATIENT TOTAL	0	0	.0		.000	.00	.00
HSC HOSPITALS	0	0	.0		.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.0		.000	.00	.00
ACCOMMODATIONS	0	0	.0		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0		.000	.00	.00
ALL OTHER ACCOM	0	0	.0		.000	.00	.00
ANCILLARIES	0	0	.0	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.0	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.0	.00	.000	.00	.00
MEDICAL	0	0	.0	.00	.000	.00	.00
SURGERY	0	0	.0	.00	.000	.00	.00
PATHOLOGY	0	0	.0	.00	.000	.00	.00
RADIOLOGY	0	0	.0	.00	.000	.00	.00
ROOM USE	0	0	.0		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0		.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.000 \$		
CO HOSPITAL INPATIENT TOTAL	0	0	.0		.000	.00	.00
HSC HOSPITALS	0	0	.0		.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.0		.000	.00	.00
ACCOMMODATIONS	0	Ô	.0		.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.0		.000	.00	.00
TRANSITIONAL IP CARE	0	0	.0		.000	.00	.00
ALL OTHER ACCOM	0	0	.0		.000	.00	.00
ANCILLARIES	0	0	.0		.000	.00	.00
INPATIENT CROSSOVERS	0	0	.0		.000	.00	.00
ALL OTHER INPATIENT	0	0	.0		.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.0		.000	.00	.00
MEDICAL	0	0	.0		.000	.00	.00
SURGERY	0	0	.0		.000	.00	.00
PATHOLOGY	0	0	.0		.000	.00	.00
RADIOLOGY	0	0	.0		.000	.00	.00
ROOM USE	0	0	.0		.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.0		.000	.00	.00
	MEDI-CAL SERVICES AND	-					
MOP024	FEE-FOR-SERVICE/DENTAL		MONIN-OF-PAIMENT	VELOKI LOK DAN	ZUUZ INKU DE	C 2002	PAGE 1,659 01/17/03
			MNC DITND	7.10	CODE		01/1//03
COLUSA COUNTY	SUMMARY OF SERVICES FO	T - NIM CC AC	TING - RTIND	AID		תחוות אווהט	CF
00 ELIGIBLES	USERS UNITS	OF CEDITOR	EXPENDITURE	ATTEDACE COC	T UNITS/DAYS		GE COST PER
OO ETIGIBTES		OF SERVICE	EAPENDITURE				
0.0000000000000000000000000000000000000	OR DA	AYS OF CARE		PER UNIT/DA	Y PER ELIG	USER	

@COMMUNITY HOSPITAL TOTAL .00 .00 .000 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES 0 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 0 .00 .00 .00 .00 .000 ALL OTHER INPATIENT .00 .00 .000 .00 .00

COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00 \$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000 \$.00 \$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000 \$.00 \$.00
CLINIC	0	0	.00	.00	.000	.00	.00

SURGICENTER Ω 0 .00 .00 .00 .00 .00 .000 .00 .00 .00 HEROIN DETOX CLINIC Ο .00 .00 0 0 .000 .00 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,660 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 35 MN - LTNG - BLIND AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

COLUSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,661
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE

						MON	ITHLY AVERAC	SE
96 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	95	3,291	\$	280,470.84	\$ 85.22	34.281 \$	2952.32	\$ 2921.57
@PHYSICIANS SERVICES	12	25	\$	287.89	\$ 11.52	.260 \$	23.99	\$ 3.00
OUTPATIENT VISITS	1	1		24.00	24.00	.010	24.00	.25
OFFICE VISITS	1	1		24.00	24.00	.010	24.00	.25
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0		0		.00		.00	.000		.00		.00
INPATIENT VISITS	2		2		84.51		42.26	.021		42.26		.88
HOSPITAL VISITS	1		1		37.80		37.80	.010		37.80		.39
CRITICAL CARE	0		0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	1		1		46.71		46.71	.010		46.71		.49
OPHTHALMOLOGICAL SERVICES	1		1		29.72		29.72	.010		29.72		.31
EXAMINATIONS	1		1		29.72		29.72	.010		29.72		.31
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00		.00
	0		0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0		0		.00		.00			.00		.00
OUTPATIENT SURGERY	0		0					.000				
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0		-		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	•		0		.00		.00	.000		.00		.00
DIALYSIS	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
PSYCHIATRY	0		0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1		1		10.00		10.00	.010		10.00		.10
OTHER SERVICES/ALL X-OVERS	11		20		139.66		6.98	.208		12.70		1.45
@PHARMACY	77		507	\$	28,368.50	\$	55.95	5.281	\$	368.42	\$	295.51
PRESCRIPTION DRUGS	77		505		28,107.99		55.66	5.260		365.04		292.79
SNF/ICF	73		460		25,075.66		54.51	4.792		343.50		261.20
OUTPATIENTS	8		45		3,032.33		67.39	.469		379.04		31.59
MEDICAL SUPPLIES	1		2		260.51		130.26	.021		260.51		2.71
@DENTIST	8		41	\$	975.00	\$	23.78	.427	\$	121.88	\$	10.16
VISITS - DIAGNOSTIC	8		37		465.00		12.57	.385		58.13		4.84
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	1		2		400.00		200.00	.021		400.00		4.17
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1		2		110.00		55.00	.021		110.00		1.15
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	S AND EXI	PENDITUR	ES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2		DEC		Ρž	AGE 1,662
MOP024	FEE-FOR-SERVICE/											01/17/03
COLUSA COUNTY	SUMMARY OF SERVI		36 MN -	LTNG -	DISABLED		AID CO	ODE				,
			-	-				M	ONT	HLY AVERA	GE ·	
96 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY				COST PER
		OR DAYS						PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2		4	\$	100.56	\$	25.14	.042		50.28		1.05
DIACNOCUIC AND AND DEOCED	1		1	•	17 15		17 15	010		17 15		40

						[v]		ITLI AVERA	GĽ	
96 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CARE		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	2	4	\$ 100.56	\$	25.14	.042	\$	50.28	\$	1.05
DIAGNOSTIC AND ANC. PROCED	1	1	47.45		47.45	.010		47.45		.49
EYE APPLIANCES	1	3	53.11		17.70	.031		53.11		.55
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	4	5	\$ 78.18	\$	15.64	.052	\$	19.55	\$.81

Second Control Seco	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
COUNTIES 4	SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
HOME REALTH AGENCY	RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
NURGE MIDSTERSITST 0 0 0 \$.00	OTHER	4	5	78.18	15.64	.052	19.55	.81
NUMBER MIDNIES 0 0 8 0.00 \$ 0	@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PENIARTICA MURBE PRACTITIONER	NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
PAMILY NUMBE PRACTITIONNER	NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
## HOSP INFATIENT TOTAL HOSP INFATIENT HOSP INFA	PEDIATRIC NURSE PRACTITIONER	0		.00	\$.00	.000 \$.00	\$.00
HOSE INFATIENT TOTAL 1 2 2 2,316.00 985.00 .021 2316.00 24.13 NON-HSC HOSEPITAL TOTAL 1 2 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSEPITAL TOTAL 1 2 2 2,316.00 10.00 .000 .000 .000 .000 .000 ACCOMPODATIONS 0 0 0 0 .00 .000 .000 .000 .000 .000	FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
BOSE CONTINUES 1	@TOTAL HOSPITAL	7	121 \$	7,290.21	\$ 60.25	1.260 \$	1041.46	\$ 75.94
NON-BSC HOSPITAL TOTAL ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	HOSP INPATIENT TOTAL	3	4	3,940.00	985.00	.042	1313.33	41.04
ACCOMMODATIONS 0 0 0 0.00 .000 .000 .000 .000 .000 .	HSC HOSPITALS	1	2	2,316.00	1158.00	.021	2316.00	24.13
TRANSITIONAL TO CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITAL TOTAL	0	0		.00	.000	.00	.00
TRANSITIONAL IP CARE ALC CHEER ACCOM ALC CHEER ACCOM ALC CHEER ACCOM ALC CHEER ACCOM ACCILLARIES O 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM ANCILLARIES O 0 0 1.00 .00 .00 .00 .00 .00 .00 .00 .0	ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
ANCILIARIES 0 0 0 0.00 0.00 0.00 1.00 16.90 16.90 16.90 10.00 10.00 10.00 16.90 16.92 ALL OTHER INPATIENT 0 0 0 0 0.00 1.00 16.90 16.92 ALL OTHER INPATIENT 0 0 0 0 0.00 1.00 1.00 16.90 1	TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	ANCILLARIES	•		.00	.00	.000	.00	.00
MEDICAL 0	INPATIENT CROSSOVERS	2	2	1,624.00	812.00	.021	812.00	16.92
MEDICAL SURGERY 1 1 1 38.82 38.82 010 38.82 40 PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
SURGERY PATHOLOGY PA	HOSP OUTPATIENT TOTAL	6	117	3,350.21	28.63	1.219	558.37	34.90
PATHOLOGY	MEDICAL	0	0	.00	.00	.000	.00	.00
RADIOLOGY ROOM USE 2	SURGERY	1	1	38.82	38.82	.010	38.82	.40
ROOM USE	PATHOLOGY		0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTFITN	RADIOLOGY	0	0	.00	.00	.000	.00	
COUNTY HOSPITAL TOTAL	ROOM USE	2	4	157.79	39.45	.042	78.90	1.64
CO HOSPITALS INPATIENT TOTAL 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	CROSSOVERS/ALL OTH OUTPINT	5	112	3,153.60	28.16	1.167	630.72	32.85
HSC HOSPITALS TOTAL 0 0 0.00 .00 .00 .00 .00 .00 .00 .00 .	@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
NON-HSC HOSPITALS TOTAL	CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS 0 0 0 0.00 .00 .00 .00 .00 .00 .00 ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	HSC HOSPITALS	•			.00	.000		.00
ADMINISTRATIVE DAYS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	NON-HSC HOSPITALS TOTAL	•			.00	.000		.00
TRANSITIONAL IP CARE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM 0 0 0 00 00 000 000 00 00 000 ANCILLARIES 0 0 0 0 00 00 000 000 000 000 000 000	ADMINISTRATIVE DAYS		0	.00	.00	.000	.00	.00
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TRANSITIONAL IP CARE	•	0					.00
INPATIENT CROSSOVERS	ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	ANCILLARIES	0	0			.000		.00
CO HOSP OUTPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	INPATIENT CROSSOVERS	•	0	.00	.00	.000	.00	.00
MEDICAL	ALL OTHER INPATIENT	•	0		.00	.000		.00
SURGERY 0 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .	CO HOSP OUTPATIENT TOTAL	•	0		.00	.000		.00
PATHOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	MEDICAL	0	0		.00	.000		.00
RADIOLOGY 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	SURGERY	0	0					
ROOM USE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PATHOLOGY	0						
CROSSOVERS/ALL OTH OUTPINT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· · · · · · · · · · · · · · · · · · ·					
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,663 01/17/03 01/17/03 01/17/03 O1/17/03		0	-					
MOP024		•						
COLUSA COUNTY SUMMARY OF SERVICES FOR 36 MN - LTNG - DISABLED AID CODE MONTHLY AVERAGE 96 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE OR DAYS OF CARE (COMMUNITY HOSPITAL TOTAL 7 121 \$ 7,290.21 \$ 60.25 1.260 \$ 1041.46 \$ 75.94 COMM HOSP INPATIENT TOTAL 3 4 3,940.00 985.00 .042 1313.33 41.04 HSC HOSPITALS 1 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00 .00	#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	2002	PAGE 1,663
96 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE 0.00 DAYS OF C								01/17/03
96 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE ©COMMUNITY HOSPITAL TOTAL 7 121 \$ 7,290.21 \$ 60.25 1.260 \$ 1041.46 \$ 75.94 COMM HOSP INPATIENT TOTAL 3 4 3,940.00 985.00 .042 1313.33 41.04 HSC HOSPITALS 1 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00 .00	COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 36 MN - LTNG	- DISABLED	AID CC			
OR DAYS OF CARE ©COMMUNITY HOSPITAL TOTAL 7 121 \$ 7,290.21 \$ 60.25 1.260 \$ 1041.46 \$ 75.94 COMM HOSP INPATIENT TOTAL 3 4 3,940.00 985.00 .042 1313.33 41.04 HSC HOSPITALS 1 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 0 .00 .00 .00 .00								-
@COMMUNITY HOSPITAL TOTAL 7 121 \$ 7,290.21 \$ 60.25 1.260 \$ 1041.46 \$ 75.94 COMM HOSP INPATIENT TOTAL 3 4 3,940.00 985.00 .042 1313.33 41.04 HSC HOSPITALS 1 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00	96 ELIGIBLES	USERS		EXPENDITURES				
COMM HOSP INPATIENT TOTAL 3 4 3,940.00 985.00 .042 1313.33 41.04 HSC HOSPITALS 1 2 2,316.00 1158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00								
HSC HOSPITALS 1 2 2,316.00 158.00 .021 2316.00 24.13 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00			•	·				
NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .00 .00 .00 .00				·				
ACCOMMODATIONS 0 0 .00 .00 .00 .00 .00								
	ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00

ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	2	2		1,624.00		812.00	.021		812.00		16.92
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	6	117		3,350.21		28.63	1.219		558.37		34.90
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	1	1		38.82		38.82	.010		38.82		.40
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	2	4		157.79		39.45	.042		78.90		1.64
CROSSOVERS/ALL OTH OUTPINT	5	112		3,153.60		28.16	1.167		630.72		32.85
@STATE HOSPITAL	0	0	Ś	.00	Ś	.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0				.00	.000		.00		.00
	66	2 , 207	\$.00	\$			Ś		ċ	
@NURSING FACILITY	66 0		Ş	203,415.66	Ş	92.17	22.990	Þ	3082.06	\$	2118.91
LEV A-INTERMEDIATE	11	0 335		.00		.00	.000		1288.87		.00
LEV B-REHAB MD				14,177.55		42.32	3.490				147.68
LEV B-SUBACUTE FREESTANDING	•	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0 1,872		.00		.00	.000		.00		.00
LEV B-REGULAR	55	1,872		189,238.11		101.09	19.500		3440.69		1971.23
@INTERMEDIATE CARE FACILDD	0 55 10	304	\$	36,343.44	\$	119.55	3.167	\$		\$	378.58
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	10	304		36,343.44		119.55	3.167		3634.34		378.58
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HOSPITAL BASED HEMODIALYSIS CENTER @REHABILITATION FACILITY	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6	13	\$	311.20	\$	23.94	.135	\$	51.87	\$	3.24
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	6	13		311.20		23.94	.135		51.87		3.24
#CALIF DEPT OF HEALTH SERV			RES M	ONTH-OF-PAYMENT RI	EPORT			DEC		F	PAGE 1,664
MOP024	FEE-FOR-SERVICE		1120 11	01.111 01 11111111111111111111111111111			1002 111110		2002	-	01/17/03
COLUSA COUNTY		VICES FOR 36 MN	т.тм	G - DISABLED		AID CO	ODE.				01/1//00
1120011 0001111	- JIIIIII OI OIII					1110 00	M	ОИТ	HLY AVERA	GE	
96 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST					COST PER
20 5515150	00110	OR DAYS OF CAR		271 21021101120		R UNIT/DAY			USER		ELIGIBLE
QAIL OTHER PROVIDERS	1.0			3 300 20					330 02		

					MONIALI AVERAGE			
96 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	С	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
@ALL OTHER PROVIDERS	10	64	\$ 3,300.20	\$ 51.57	.667	\$ 330.02	\$	34.38
DURABLE MED. EQUIP.	1	6	1,903.54	317.26	.063	1903.54		19.83
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00		.00
MEDICAL TRANSPORTATION	3	46	151.86	3.30	.479	50.62		1.58
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	1	24	63.90	2.66	.250	63.90		.67
OTHER SERVICES	2	22	87.96	4.00	.229	43.98		.92
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00

ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	2	26.08	13.04	.021	26.08	.27
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.010	38.01	.40
SPEECH AND AUDIOLOGY	2	5	249.15	49.83	.052	124.58	2.60
HOSPICE SERVICES	0	0	904.20	.00	.000	.00	9.42
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	2	4	27.36	6.84	.042	13.68	.29
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	24	159	\$ 5,520.77	\$ 34.72	1.656	\$ 230.03	\$ 57.51

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,665
MOP024	FEE-FOR-SERVICE/DENTAL	01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 37 MN - LTNG - FAMILIES DISCONTIN	

							MO	NTHLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

OUTPATIENT VISITS	0	0		.00	.00	.000	.00		.00
OFFICE VISITS	0	0		.00	.00	.000	.00		.00
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00
EXAMINATIONS	0	0		.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00
DIALYSIS	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
PSYCHIATRY	0	0		.00	.00	.000	.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	ES MON	TH-OF-PAYMENT R	REPORT FOR JAN	2002 THRU D	EC 2002	PA	AGE 1,666
MOP024	FEE-FOR-SERVICE	DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR 37 MN -	LTNG	- FAMILIES	DISCON	ITIN			
						MO	NTHLY AVERA	GE -	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	_	USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	•	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00	.00	.000	.00		.00

EYE APPLIANCES	0	0		.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00	.00
SURGERY/ANES.	0	0		.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00	.00	.000	.00	.00
OTHER	0	0		.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00			\$.00
NURSE ANESTHESIST	0	0	¢	.00	\$.00		\$.00	\$.00
NURSE MIDWIFE	0	0	¢	.00	\$.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	¢	.00	\$.00		\$.00	\$.00
	0	0	ر د					
FAMILY NURSE PRACTITIONER	0	0	۶ \$.00				
@TOTAL HOSPITAL	•	•	Ş	.00	\$.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00			\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	٧	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
	0	0						
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE		0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	U		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MON	TH-OF-PAYMENT R	EPORT FOR JA	N 2002 THRU D	EC 2002	PAGE 1,667
MOP024	FEE-FOR-SERVICE							01/17/03
COLUSA COUNTY		ICES FOR 37 MN -	LTNG	- FAMILIES	DISC	ONTIN		
			-				NTHLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE CO			COST PER

		OR DAYS OF CARE				PER	UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
	0	0			.00			.000		.00		
COMM HOSP OUTPATIENT TOTAL MEDICAL	0	0			.00		.00	.000		.00		.00
	0	0										.00
SURGERY	0	· ·			.00		.00	.000		.00		.00
PATHOLOGY	U	0			.00		.00	.000		.00		.00
RADIOLOGY	U	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0			.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0			.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00	·	.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	7	.00	.000	4	.00	7	.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	т		.00	т	.00	.000	Τ.	.00	т	.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	٧		.00	۲	.00	.000	Y	.00	٧	.00
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC CLINIC	0	0	٧		.00	Y	.00	.000	Y	.00	Ÿ	.00
SURGICENTER	0	0										
	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	· ·			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0	E				.00			.00		.00
#CALIF DEPT OF HEALTH SERV			ES MOI	N'I'H-OF'-PAYM	ENT RE	EPOR'I	FOR JAN 2	002 THRU	DEC	2002		•
	FEE-FOR-SERVICE	,										01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 37 MN -	LTNG	- FAMILIES								
										HLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDIT	URES							
_		OR DAYS OF CARE					. UNIT/DAY			USER		
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000			\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00

HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

^{0*} Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,669
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

						MC	NTHLY AVERA	ΔE ·	
637 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	J	ELIGIBLE
@TOTAL, ALL PROVIDERS	622	21,710 \$	3	1,813,526.58	\$ 83.53	34.082	\$ 2915.64	\$	2846.98
@PHYSICIANS SERVICES	67	107 \$	3	1,327.50	\$ 12.41	.168	\$ 19.81	\$	2.08
OUTPATIENT VISITS	1	1		24.00	24.00	.002	24.00		.04
OFFICE VISITS	1	1		24.00	24.00	.002	24.00		.04
HOME VISITS	0	0		.00	.00	.000	.00		.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00		.00
INPATIENT VISITS	2	2		84.51	42.26	.003	42.26		.13
HOSPITAL VISITS	1	1		37.80	37.80	.002	37.80		.06
CRITICAL CARE	0	0		.00	.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	1	1		46.71	46.71	.002	46.71		.07
OPHTHALMOLOGICAL SERVICES	1	1		29.72	29.72	.002	29.72		.05
EXAMINATIONS	1	1		29.72	29.72	.002	29.72		.05
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00

OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	1	1		10.00		10.00	.002		10.00		.02
OTHER SERVICES/ALL X-OVERS	66	102		1,179.27		11.56	.160		17.87		1.85
@PHARMACY	532	3,441 \$	1	84,664.71	\$	53.67	5.402	\$	347.11	\$	289.90
PRESCRIPTION DRUGS	532	3,428	1	83,941.68		53.66	5.381		345.76		288.76
SNF/ICF	524	3,364	1	80,471.01		53.65	5.281		344.41		283.31
OUTPATIENTS	14	64		3,470.67		54.23	.100		247.91		5.45
MEDICAL SUPPLIES	11	13		723.03		55.62	.020		65.73		1.14
@DENTIST	42	102 \$		5,085.00	\$	49.85	.160	\$	121.07	\$	7.98
VISITS - DIAGNOSTIC	34	78		1,520.00		19.49	.122		44.71		2.39
ORAL SURGERY	4	10		415.00		41.50	.016		103.75		.65
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	2		400.00		200.00	.003		400.00		.63
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	1	2		110.00		55.00	.003		110.00		.17
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	5	10		2,640.00		264.00	.016		528.00		4.14
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 1,670
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	38 MEDIO	CALLY	NEEDY - LTNG			3.6	^ · · · ·		~ =	
605								MO			GE.	
637 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		ERAGE COST					COST PER
		OR DAYS	OF CARE	_			R UNIT/DAY			USER	_	ELIGIBLE
@OPTOMETRIST	10		26	\$	506.66	\$	19.49	.041	Ş	50.67	Ş	.80
DIAGNOSTIC AND ANC. PROCED	5		5		225.39		45.08	.008		45.08		.35
EYE APPLIANCES	6		21		281.27		13.39	.033		46.88		. 44
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	Ş	.00	Ş	.00
VISITS	0		0		.00		.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	36		49	\$	520.62	\$	10.62	.077	Ş	14.46	\$.82
MEDICINE/INJECTIONS	0		0		.00		.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	36		49		520.62		10.62	.077		14.46		.82
@HOME HEALTH AGENCY	0		0	\$.00	Ş	.00		\$.00	\$.00
NURSE ANESTHESIST	1		5	\$	103.81	\$	20.76	.008	\$	103.81	\$.16
NURSE MIDWIFE	0		0	\$.00	Ş	.00		\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00		\$.00	\$.00
@TOTAL HOSPITAL	47		253	\$	12,227.08	\$.397	\$	260.15	\$	19.19
HOSP INPATIENT TOTAL	9		34		7,572.84		222.73	.053		841.43		11.89
HSC HOSPITALS	1		2		2,316.00		1158.00	.003		2316.00		3.64
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8		32		5,256.84		164.28	.050		657.11		8.25
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	42		219		4,654.24		21.25	.344		110.82		7.31
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	1		1		38.82		38.82	.002		38.82		.06
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	2		4		157.79		39.45	.006		78.90		.25
CROSSOVERS/ALL OTH OUTPTNT	41		214		4,457.63		20.83	.336		108.72		7.00
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 38 MEDICALLY NEEDY - LTNG

COLUSA COUNTY	SUMMARY OF SERVI	LES FOR 38 MEDICAL	TI NEEDI - LING			,			C.E.	
637 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	777557	CE COST	UNITS/DAY		HLY AVERA COST PER		COST PER
03/ FTIGIBLES	USERS	OR DAYS OF CARE	EXPENDITORES		GE COST NIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	47	253 \$	12,227.08		48.33	.397			\$	19.19
COMM HOSP INPATIENT TOTAL	9	34	7,572.84		22.73	.053	۲	841.43	ې	11.89
HSC HOSPITALS	1	2	2,316.00		58.00	.003		2316.00		3.64
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0	.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0	.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000		.00		.00
ANCILLARIES	0	0	.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	8	32	5,256.84		64.28	.050		657.11		8.25
ALL OTHER INPATIENT	0	0	.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	42	219	4,654.24		21.25	.344		110.82		7.31
MEDICAL	0	0	.00		.00	.000		.00		.00
SURGERY	1	1	38.82		38.82	.002		38.82		.06
PATHOLOGY	0	0	.00		.00	.002		.00		.00
RADIOLOGY	0	0	.00		.00	.000		.00		.00
ROOM USE	2	4	157.79		39.45	.006		78.90		.25
CROSSOVERS/ALL OTH OUTPTNT	41	214	4,457.63		20.83	.336		108.72		7.00
@STATE HOSPITAL	0	0 \$.00		.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	.00	•	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0	.00		.00	.000		.00		.00
@NURSING FACILITY	526	16,189 \$	1,542,901.86		95.31	25.414	Ś	2933.27	Ś	2422.14
LEV A-INTERMEDIATE	0	0	.00		.00	.000	т	.00	Τ.	.00
LEV B-REHAB MD	48	1,482	133,794.52		90.28	2.327		2787.39		210.04
LEV B-SUBACUTE FREESTANDING	0	0	.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00		.00	.000		.00		.00
LEV B-REGULAR	478	14,707	1,409,107.34		95.81	23.088		2947.92		2212.10
@INTERMEDIATE CARE FACILDD	10	304 \$	36,343.44		19.55	.477	\$	3634.34	\$	57.05
ICF DDH	0	0	.00		.00	.000	·	.00	•	.00
ICF DD	10	304	36,343.44		19.55	.477		3634.34		57.05
ICF DDN/DDCN	0	0	.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0	.00)	.00	.000		.00		.00
@REHABILITATION FACILITY	0	0 \$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00)	.00	.000		.00		.00
INDEPENDENT FACILITY	0	0	.00)	.00	.000		.00		.00
@LABORATORY FACILITY	1	1 \$	14.60) \$	14.60	.002	\$	14.60	\$.02
PATHOLOGY	1	1	14.60)	14.60	.002		14.60		.02
XO AND OTHERS	0	0	.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	23	37 \$	782.58	\$ \$	21.15	.058	\$	34.03	\$	1.23
CLINIC	0	0	.00)	.00	.000		.00		.00
SURGICENTER	0	0	.00)	.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0	.00)	.00	.000		.00		.00
RURAL HEALTH CLINIC	23	37	782.58	3	21.15	.058		34.03		1.23
#CALIF DEPT OF HEALTH SERV		S AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT F	OR JAN	2002 THRU	DEC	2002	P	AGE 1,672
MOP024	FEE-FOR-SERVICE/									01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR 38 MEDICAL	LLY NEEDY - LTNG							

					MON	THLY AVERA	.GE	
637 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	T PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIC	GIBLE
@ALL OTHER PROVIDERS	84	1,196 \$	29,048.72	\$ 24.29	1.878 \$	345.82	\$ 4	45.60
DURABLE MED. EQUIP.	18	62	20,758.98	334.82	.097	1153.28	3	32.59
BLOOD BANK	0	0	.00	.00	.000	.00		.00
HEARING AID DISPENSERS	3	7	2,811.58	401.65	.011	937.19		4.41
MEDICAL TRANSPORTATION	47	1,090	3,501.60	3.21	1.711	74.50		5.50
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00		.00
OTHER TRANS	22	722	1,660.37	2.30	1.133	75.47		2.61
OTHER SERVICES	27	368	1,841.23	5.00	.578	68.19		2.89
ACUPUNCTURE	0	0	.00	.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00		.00
OPTICIAN	5	12	137.64	11.47	.019	27.53		.22
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00		.00
PORTABLE X-RAY	1	2	3.09	1.55	.003	3.09		.00
PROSTHETIST/ORTHOTISTS	1	4	39.60	9.90	.006	39.60		.06
PROSTHETICS	1	4	39.60	9.90	.006	39.60		.06
ORTHOTICS	0	0	.00	.00	.000	.00		.00
PSYCHOLOGIST	1	1	38.01	38.01	.002	38.01		.06
SPEECH AND AUDIOLOGY	2	5	249.15	49.83	.008	124.58		.39
HOSPICE SERVICES	0	0	1,205.00	.00	.000	.00		1.89
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	9	13	304.07	23.39	.020	33.79		.48
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	204	748 \$	21,034.26	\$ 28.12	1.174 \$	103.11	\$ 3	33.02
0* TOTALS IN THESE LINES ARE GIVEN			•					
THE AMOUNTS ARE ALREADY INCLUDE			B ABOVE.					
** THESE DATA ARE INCLUDED IN THE	E APPROPRIATE	DETAIL LINES ABOVE.						

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,673 01/17/03 MOP024 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

						MON	THLY AVERA	GE
1,875 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	C		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	1,601	26,198	\$	1,904,753.93	\$ 72.71	13.972	1189.73	\$ 1015.87
@PHYSICIANS SERVICES	248	700	\$	14,491.64	\$ 20.70	.373	58.43	\$ 7.73
OUTPATIENT VISITS	25	35		1,162.43	33.21	.019	46.50	.62
OFFICE VISITS	18	26		723.32	27.82	.014	40.18	.39
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		329.11	82.28	.002	82.28	.18
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5		110.00	22.00	.003	27.50	.06
INPATIENT VISITS	2	4		216.16	54.04	.002	108.08	.12
HOSPITAL VISITS	2	4		216.16	54.04	.002	108.08	.12
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	5	7		269.34	38.48	.004	53.87	.14

EXAMINATIONS	5	7		269.34		38.48	.004		53.87		.14
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		420.30		.00	.000		.00		.22
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		420.30		.00	.000		.00		.22
OUTPATIENT SURGERY	7	18		2,778.49		154.36	.010		396.93		1.48
PRINCIPAL SURGEON	6	6		2,556.58		426.10	.003		426.10		1.36
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	2	12		221.91		18.49	.006		110.96		.12
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	3	4		20.78		5.20	.002		6.93		.01
RADIOLOGY	15	22		613.04		27.87	.012		40.87		.33
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	4	6		46.58		7.76	.003		11.65		.02
OTHER SERVICES/ALL X-OVERS	222	604		8,964.52		14.84	.322		40.38		4.78
@PHARMACY	1,323	7,488	\$	355,248.82	\$		3.994	\$		\$	189.47
PRESCRIPTION DRUGS	1,314	5,724		349,646.12		61.08	3.053		266.09		186.48
SNF/ICF	482	3,013		161,059.29		53.45	1.607		334.15		85.90
OUTPATIENTS	834	2,711		188,586.83		69.56	1.446		226.12		100.58
MEDICAL SUPPLIES	47	1,764		5,602.70		3.18	.941		119.21		2.99
@DENTIST	62	142	\$	9,587.03	\$	67.51	.076	\$	154.63	\$	5.11
VISITS - DIAGNOSTIC	48	95		2,042.00		21.49	.051		42.54		1.09
ORAL SURGERY	10	21		1,177.03		56.05	.011		117.70		.63
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		100.00		.00	.000		.00		.05
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	1	1		330.00		330.00	.001		330.00		.18
RESTORATIVE DENTISTRY	4	8		598.00		74.75	.004		149.50		.32
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	9	17		5,340.00		314.12	.009		593.33		2.85
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITU	RES I	MONTH-OF-PAYMENT RI	EPOR	T FOR JAN	2002 THRU	DEC	2002	ΡĬ	AGE 1,674
MOP024	FEE-FOR-SERVICE/DEN	TAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 39 MED	ICAL:	LY NEEDY - AGED							
							M	ONT	HLY AVERA	GE -	
							,				

1,875 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 28 65 \$ 1,479.85 22.77 .035 \$ 52.85 \$.79 DIAGNOSTIC AND ANC. PROCED 15 15 699.89 46.66 .008 46.66 .37 50 43.33 EYE APPLIANCES 18 779.96 15.60 .027 .42 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES @CHIROPRACTOR 0 0 .00 \$.00 .000 \$.00 .00 0 .00 VISITS .00 .00 .000 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 89 919.00 10.33 .047 \$ 13.72 .49 @PODIATRIST MEDICINE/INJECTIONS 0 0 .00 .00 .000 .00 .00 .00 0 0 .00 SURGERY/ANES. .00 .000 .00 0 0 .00 .00 .00 .00 RADIO./PATHOLOGY .000 919.00 10.33 13.72 OTHER 67 89 .047 .49 \$ @HOME HEALTH AGENCY 0 0 \$.00 .00 .000 \$.00 \$.00 NURSE ANESTHESIST 174.56 24.94 .004 \$ 87.28 \$.09

NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	242	884	\$ 32,742.35	\$ 37.04	.471	\$ 135.30	\$ 17.46
HOSP INPATIENT TOTAL	23	87	18,164.72	208.79	.046	789.77	9.69
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	2	6	5,552.96	925.49	.003	2776.48	2.96
ACCOMMODATIONS	2	6	2,297.84	382.97	.003	1148.92	1.23
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	6	2,297.84	382.97	.003	1148.92	1.23
ANCILLARIES	2	0	3,255.12	.00	.000	1627.56	1.74
INPATIENT CROSSOVERS	21	81	12,611.76	155.70	.043	600.56	6.73
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	224	797	14,577.63	18.29	.425	65.08	7.77
MEDICAL	10	21	969.27	46.16	.011	96.93	.52
SURGERY	3	4	331.55	82.89	.002	110.52	.18
PATHOLOGY	17	54	746.27	13.82	.029	43.90	.40
RADIOLOGY	9	13	937.99	72.15	.007	104.22	.50
ROOM USE	13	19	916.55	48.24	.010	70.50	.49
CROSSOVERS/ALL OTH OUTPTNT	203	686	10,676.00	15.56	.366	52.59	5.69
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 1,675
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 39 MEDICAL	LLY NEEDY - AGED				

COLUSA COUNTY	SUMMARY OF SER	VICES FOR	39 MEDIC	CALLY	NEEDY - AGED							01/1//0
								M	ГИС	THLY AVERA	GE	
•	USERS	UNITS OF OR DAYS			EXPENDITURES			UNITS/DAY		COST PER USER		COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	242	011 21110		\$	32,742.35	\$	37.04	.471			\$	
COMM HOSP INPATIENT TOTAL	23		87		18,164.72		208.79	.046	Ċ	789.77	·	9.69
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0 2		6		5,552.96		925.49	.003		2776.48		2.96
ACCOMMODATIONS	2		6		2,297.84		925.49 382.97	.003		2776.48 1148.92		1.23
ADMINISTRATIVE DAYS	0		Ö		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2		6		2,297.84		382.97	.003		1148.92		1.23
ANCILLARIES	2		0		3,255.12		.00	.000		1627.56		1.74
INPATIENT CROSSOVERS	21		81		12,611.76		155.70	.043		600.56		6.73
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	224		797		14,577.63		18.29	.425		65.08		7.77
MEDICAL	10		21		969.27		46.16	.011		96.93		.52
SURGERY	3		4		331.55		82.89	.002		110.52		.18
PATHOLOGY	17		54		746.27		13.82	.029		43.90		.40
RADIOLOGY	9		13		937.99		72.15	.029		104.22		.50
ROOM USE	13		19		916.55		48.24	.010		70.50		.49
CROSSOVERS/ALL OTH OUTPTNT			686		10,676.00		15.56	.366		52.59		5.69
@STATE HOSPITAL	. 203		000	\$.00	\$.00	.000	Ċ		<u>~</u>	.00
	0			Ą		ې	.00		ې		Ą	
MENTALLY ILL	0		0		.00			.000		.00		.00
DEVELOP. DISABLED		14	0	\$.00 1,426,078.96	Ċ	.00	.000	ċ	.00	<u>~</u>	.00
@NURSING FACILITY	489	14	•	Þ					Ş	2916.32	Þ	760.58
LEV A-INTERMEDIATE	0	-	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	38	1			120,100.69		104.34	.614				64.05
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0 451	13	0		.00		.00	.000		.00		.00
LEV B-REGULAR	451	13	,536		1,305,978.27		96.48	7.219		2895.74		696.52
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	Ş		Ş	
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	14		23	\$	•	\$	480.64	.012	\$		\$	5.90
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	14		23		11,054.79		480.64	.012		789.63		5.90
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0 14		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	14		23	\$	323.24	\$	14.05	.012	\$		\$.17
PATHOLOGY	10		19		277.53		14.61	.010		27.75		.15
XO AND OTHERS	4		4		45.71		11.43	.002		11.43		.02
@ORGANIZED OUTPATIENT CLINIC	157		258	\$	15,968.67	\$	61.89	.138	\$		\$	8.52
CLINIC	4		6		285.40		47.57	.003		71.35		.15

1 5 313.00 62.60 .003 313.00 0 .00 .00 .000 .000 .17 SURGICENTER .00 .000 .000 .247 .15,370.27 62.23 .132 0 HEROIN DETOX CLINIC .00 152 .132 101.12 8.20 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,676 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 39 MEDICALLY NEEDY - AGED

COLOSA COUNTI	SOMMANT OF SEN	VICES FOR 39 MED	тСАПІ	II NEEDI AGED							
							MC			-	
1,875 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURE	-	AVERAGE COST			r per		COST PER
		OR DAYS OF CAR				PER UNIT/DAY			SER		ELIGIBLE
@ALL OTHER PROVIDERS	165	1,832	\$	36,685.0		\$ 20.02	.977		22.33	\$	19.57
DURABLE MED. EQUIP.	22	64		22,277.6		348.09	.034	10	12.62		11.88
BLOOD BANK	0	0		.0		.00	.000		.00		.00
HEARING AID DISPENSERS	6	11		4,351.2		395.57	.006		25.21		2.32
MEDICAL TRANSPORTATION	58	1,392		4,354.9	1	3.13	.742		75.08		2.32
AMBULANCES/AIR TRANS	1	3		137.9	96	45.99	.002	13	37.96		.07
OTHER TRANS	24	749		1,744.1	.1	2.33	.399		72.67		.93
OTHER SERVICES	35	640		2,472.8	3 4	3.86	.341		70.65		1.32
ACUPUNCTURE	0	0		.0	0 (.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.0	0 (.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0		.0	0 (.00	.000		.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.0	0 (.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0		.0	0 (.00	.000		.00		.00
OPTICIAN	23	53		670.0	2	12.64	.028	:	29.13		.36
PHYSICAL THERAPIST	0	0		.0	0 (.00	.000		.00		.00
PORTABLE X-RAY	1	2		3.0	9	1.55	.001		3.09		.00
PROSTHETIST/ORTHOTISTS	5	9		186.6	57	20.74	.005		37.33		.10
PROSTHETICS	5	9		186.6	57	20.74	.005	,	37.33		.10
ORTHOTICS	0	0		.0	0 (.00	.000		.00		.00
PSYCHOLOGIST	0	0		.0	0 (.00	.000		.00		.00
SPEECH AND AUDIOLOGY	4	8		635.3	36	79.42	.004	1	58.84		.34
HOSPICE SERVICES	0	0		300.8	30	.00	.000		.00		.16
NONINST BIRTHING CENTERS	0	0		.0	0 (.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	0	0		.0	0 (.00	.000		.00		.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.0	0 (.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0		.0	0 (.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.0	0 (.00	.000		.00		.00
ALL OTHER PROVIDERS	52	293		3,905.3	32	13.33	.156		75.10		2.08
@CALIF. CHILDREN SERVICES*	0	0	\$.0	0 (\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	562	2,911	\$	65,826.2	9	\$ 22.61	1.553	\$ 1	17.13	\$	35.11
A+ MOMATO TAL MURCE TIMEO ADE	CITIENT AC A CEDA	DAME TARODMAMION	THEN								

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

COLUSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,677 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND

								MC	NT	HLY AVERA	GΕ	
00 ELIGIBLES	USERS	UNITS OF	SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	; (COST PER		COST PER
		OR DAYS	OF CAR	E		PEF	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	1		2	\$	226.43	\$	113.22	.000	\$	226.43	\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00		.00
OFFICE VISITS	0		0		.00		.00	.000		.00		.00
HOME VISITS	0		0		.00		.00	.000		.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00		.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0		.00		.00	.000		.00		.00
INPATIENT VISITS	0	0		.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0		.00		.00	.000		.00		.00
CRITICAL CARE	0	0		.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00	.000		.00		.00
EXAMINATIONS	0	0		.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0		.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0		.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	1	2	\$	226.43	\$	113.22	.000	\$	226.43	\$.00
PRESCRIPTION DRUGS	1	2		226.43		113.22	.000		226.43		.00
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	1	2		226.43		113.22	.000		226.43		.00
MEDICAL SUPPLIES	0	0		.00		.00	.000		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000		.00		.00
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITUR	RES 1	MONTH-OF-PAYMENT RE	EPOR'	T FOR JAN 20	02 THRU	DEC	2002	PAGE	1,678
MOP024	FEE-FOR-SERVICE/DE	NTAL								0	1/17/03
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR 40 MEDI	CALI	LY NEEDY - BLIND							
									HLY AVERA		
00 ELIGIBLES	USERS UN	ITS OF SERVICE	:	EXPENDITURES	AVI	ERAGE COST U	NITS/DAY	S (COST PER	COS	T PER

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 \$.00 \$.00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 0 .00 .00 .00 .00 OTHER OPTOMETRIC SERVICES .000 .00 \$.00 .000 \$.00 \$.00 @CHIROPRACTOR .00 0 .00 .000 .00 .00 VISITS 0 .000 0 .00 OTHER SERVICES .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

STATEMENT	MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
COMMENSION FACES OF THE PROPERTY OF THE PROPER			•					
NOTICE								
#HOME HEALTH AGENCY 0 0 5 .00 \$.00		0						
NURSE MESTRESIST		0						
NUMBER MINITE		0				·		
FEDITATING NURSE PRACTITIONER 0 0 5 .00 5 .00 5 .00		0	•					
PAMILY NURSE PRACTITIONER		0	•		•			
### STATIAL O		0	0 \$ \$		•			
HOSE INPATIENT TOTAL		0	0 \$			·		
HSE ROSPITALS NON-HSC HOSPITAL TOTAL 0 0 0 0 00 000 000 000 000 000 000 00		0	0 7		•			,
NON-HSC HOSPITAL TOTAL		0						
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· ·					
ARMINISTRATIVE DAYS TRANSITIONAL IF CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	•					
TRANSITIONAL IF CARE ALCILLARIES O O O O O O O O O O O O O O O O O O		0	0					
ALL OTHER ACCOM ANCILLARIES 0 0 0 0.00 .000 .000 .000 .000 INPATIENT CROSSOVERS 0 0 0 0.00 .000 .000 .000 .000 ALL OTHER INPATIENT 0 0 0 0.00 .000 .000 .000 .000 BOSF OUTPATIENT TOTAL 0 0 0 0.00 .000 .000 .000 .000 SURGERY 0 0 0 0 0.00 .000 .000 .000 .000 SURGERY 0 0 0 0 0.00 .000 .000 .000 .000 PATHOLOGY 0 0 0 0 0.00 .000 .000 .000 .000 PATHOLOGY 0 0 0 0 0.00 .000 .000 .000 .000 RADIOLOGY ROOM USE 0 0 0 0 0.00 .000 .000 .000 .000 CROSSOVERS/ALL OTH OUTPTTT 0 0 0 0 0 0.00 .000 .000 .000 CROSSOVERS/ALL OTH OUTPTTT 0 0 0 0 0 0.00 .000 .000 .000 CROSSOVERS/ALL OTH OUTPTTT 0 0 0 0 0 0.00 .000 .000 .000 .000		0	0					
ANCILIARIES 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT		0	· · · · · · · · · · · · · · · · · · ·					
HOSP OUTPATIENT TOTAL		0	0					
MEDICAL		0	0					
SURCERY O O O O O O O O O O O O O O O O O O		0	0					
PATHOLOGY 0 0 0 00 00 00 00 00 00 00 00 00 00 00		0	0					
RADIOLOGY ROOM USE 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
ROOM USE		0	•					
CROSSOVERS/ALL OTH OUTPINT		0	· · · · · · · · · · · · · · · · · · ·					
COUNTY HOSPITAL TOTAL		0						
CO HOSPITALS		0						
HSC HOSPITALS	-	0			•			
NON-HSC HOSPITALS TOTAL		0						
ACCOMMODATIONS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	· · · · · · · · · · · · · · · · · · ·					
ADMINISTRATIVE DAYS O TRANSITIONAL IP CARE O O O O O O O O O O O O O O O O O O		0	0					
TRANSITIONAL IP CARE 0 0 0 0.00 .00 .00 .00 .00 .00 .00 .00		0	0					
ALL OTHER ACCOM ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			0					
ANCILLARIES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
INPATIENT CROSSOVERS		0	0					
ALL OTHER INPATIENT 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
CO HOSP OUTPATIENT TOTAL		0	0					
MEDICAL 0 .00 </td <td></td> <td>0</td> <td>0</td> <td></td> <td></td> <td></td> <td></td> <td></td>		0	0					
SURGERY 0		0	0					
PATHOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		0	0					
RADIOLOGY 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0		0	0					
ROOM USE		0	0					
CROSSOVERS/ALL OTH OUTPINT 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		0	0					
#CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,679 MOP024 SERVICE DENTAL SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00 .00		0	· · · · · · · · · · · · · · · · · · ·					
MOP024		•						
COLUSA COUNTY SUMMARY OF SERVICES FOR 40 MEDICALLY NEEDY - BLIND MONTHLY AVERAGE 00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE 0COMMUNITY HOSPITAL TOTAL 0 0 \$.00			/		DIORT FOR OTHE	2002 IIII(O DE	.0 2002	
O				Y NEEDY - BLIND				01/1//00
00 ELIGIBLES USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES PER UNIT/DAY PER ELIG AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG COST PER PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00	0020011 0001111	001111111111111111111111111111111111111	1020 1011 10 1122101122	1 1,2231 32113		MON	ITHLY AVERAG	E
OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 \$.00 \$.00 COMM HOSP INPATIENT TOTAL 0 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 0 .00 .00 .00 .00 .00	00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		_	
@COMMUNITY HOSPITAL TOTAL 0 0 \$.00 \$.00 .00 \$.00 \$.00 \$.00								
COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS 0 0 .00 .00 .00 .00 .00 .00	@COMMUNITY HOSPITAL TOTAL	0		.00	\$.00	.000 \$.00	
HSC HOSPITALS 0 0 .00 .00 .00 .00 .00		0	0		.00	.000	.00	.00
	HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
	NON-HSC HOSPITALS TOTAL	0	0	.00	.00		.00	.00

0

ACCOMMODATIONS

0

.00

.00

.000

.00

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0	. (0.0	.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$. (0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	. (0 (.00	.000	.00		.00
XO AND OTHERS	0	0	. (0 (.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.0	0 \$.00	.000	\$.00	\$.00
CLINIC	0	0	. (0 (.00	.000	.00		.00
SURGICENTER	0	0	. (0 (.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	. (0 (.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	. (0 (.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURE:	S MONTH-OF-PAYMEN	REPOR	r for Jan	2002 THRU	DEC 2002	PAGE	1,680
MOP024	FEE-FOR-SERVICE/DE	NTAL							1/17/03
COLUSA COUNTY	SUMMARY OF SERVICE	S FOR 40 MEDICA	ALLY NEEDY - BLINI)					
						M	ONTHLY AVERA	GE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,681 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

							[M	OM.T	HLY AVERA	GE:	
760 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	S	COST PER		COST PER
		OR DAYS OF CAR	\subseteq		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	704	25 , 874	\$	889,096.19	\$	34.36	34.045	\$	1262.92	\$	1169.86
@PHYSICIANS SERVICES	150	849	\$	34,328.12	\$	40.43	1.117	\$	228.85	\$	45.17

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	23	42		2,282.25		54.34	.055		99.23		3.00
OFFICE VISITS	15	16		680.50		42.53	.021		45.37		.90
HOME VISITS	1	2		97.20		48.60	.003		97.20		.13
EMERGENCY ROOM	3	15		1,127.56		75.17	.020		375.85		1.48
PREVENTIVE CARE	0	0		.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0		.00		.00	.000		.00		.00
OTHER OUTPATIENT	7	9		376.99		41.89	.012		53.86		.50
INPATIENT VISITS	11	71		3,546.48		49.95	.093		322.41		4.67
HOSPITAL VISITS	10	62		2,526.97		49.93	.082		252.70		3.32
	3	62 8		2,326.97 972.80		121.60			324.27		1.28
CRITICAL CARE	1	1					.011				
SNF/ICF/TRANS IP CARE		1		46.71		46.71	.001		46.71		.06
OPHTHALMOLOGICAL SERVICES	2	2		59.44		29.72	.003		29.72		.08
EXAMINATIONS	2	2		59.44		29.72	.003		29.72		.08
SERVICES AND MATERIALS	0	0		.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	10	140		18,661.39		133.30	.184		1866.14		24.55
PRINCIPAL SURGEON	8	25		16 , 317.35		652.69	.033		2039.67		21.47
ASSISTANT SURGEON	1	1		231.75		231.75	.001		231.75		.30
ANESTHESIOLOGIST	4	114		2,112.29		18.53	.150		528.07		2.78
OUTPATIENT SURGERY	11	19		2,081.27		109.54	.025		189.21		2.74
PRINCIPAL SURGEON	10	11		1,918.61		174.42	.014		191.86		2.52
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	1	8		162.66		20.33	.011		162.66		.21
DIALYSIS	1	12		199.44		16.62	.016		199.44		.26
PATHOLOGY	5	9		381.20		42.36	.012		76.24		.50
RADIOLOGY	16	51		1,060.98		20.80	.067		66.31		1.40
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	2	2		20.00		10.00	.003		10.00		.03
OTHER SERVICES/ALL X-OVERS	116	501		6,035.67		12.05	.659		52.03		7.94
@PHARMACY	548	3,158	\$	208,375.05	\$	65.98	4.155	Ş	380.25	Ş	274.18
PRESCRIPTION DRUGS	535	2,288		204,282.35		89.28	3.011		381.84		268.79
SNF/ICF	73	460		25,075.66		54.51	.605		343.50		32.99
OUTPATIENTS	466	1,828		179,206.69		98.03	2.405		384.56		235.80
MEDICAL SUPPLIES	35	870		4,092.70		4.70	1.145		116.93		5.39
@DENTIST	29	144	\$	7 , 657.00	\$	53.17	.189	\$	264.03	\$	10.08
VISITS - DIAGNOSTIC	19	75		1,099.00		14.65	.099		57.84		1.45
ORAL SURGERY	3	36		1,830.00		50.83	.047		610.00		2.41
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	1	1		100.00		100.00	.001		100.00		.13
PERIODONTICS	4	5		794.00		158.80	.007		198.50		1.04
ENDODONTICS	1	2		660.00		330.00	.003		660.00		.87
RESTORATIVE DENTISTRY	7	19		2,134.00		112.32	.025		304.86		2.81
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	3	6		1,040.00		173.33	.008		346.67		1.37
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
	0	0		.00					.00		
FRACTURES, DISLOCATIONS	0	0				.00	.000				.00
ORTHODONTIC SERVICES	· · · · · · · · · · · · · · · · · · ·	-		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000	DE -	.00	_	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		KES M	ONTH-OF-PAYMENT RI	EPORT	FOR JAN	∠UUZ THRŪ	DEC	2002	P	AGE 1,682
MOP024	FEE-FOR-SERVICE/DENTAL				_						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR 41 MED	LCALL	Y NEEDY - DISABLEI	D						

760 ELIGIBLES

DIAGNOSTIC AND ANC. PROCED

@OPTOMETRIST

USERS

18

3

UNITS OF SERVICE

OR DAYS OF CARE

47 \$

3

----- MONTHLY AVERAGE -----

.062 \$ 46.76 \$ 1.11

USER

47.45

ELIGIBLE

.19

EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

.004

PER UNIT/DAY PER ELIG

47.45

841.63 \$ 17.91

142.35

EYE APPLIANCES	15	40		692.36		17.31	.053	46.16		.91
OTHER OPTOMETRIC SERVICES	2	4		6.92		1.73	.005	3.46		.01
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	6	8	\$	87.49	\$	10.94	.011	\$ 14.58	Ś	.12
MEDICINE/INJECTIONS	0	0	т	.00	τ	.00	.000	.00	τ	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
	0	-								
RADIO./PATHOLOGY	-	0		.00		.00	.000	.00		.00
OTHER	6	8		87.49		10.94	.011	14.58		.12
@HOME HEALTH AGENCY	10	59	\$	4,347.38	\$	73.68	.078	\$ 434.74		5.72
NURSE ANESTHESIST	2	7	\$	89.37	\$	12.77	.009	\$ 44.69	\$.12
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
@TOTAL HOSPITAL	163	1,280	Ś	327,792.49		256.09	1.684	\$ 2011.00		431.31
HOSP INPATIENT TOTAL	23	159	٧	271,593.14	Y	1708.13	.209	11808.40	Y	357.36
	6	64								
HSC HOSPITALS				96,252.00		1503.94	.084	16042.00		126.65
NON-HSC HOSPITAL TOTAL	7	65		167,668.23		2579.51	.086	23952.60		220.62
ACCOMMODATIONS	7	65		73,355.21		1128.54	.086	10479.32		96.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	7	65		73,355.21		1128.54	.086	10479.32		96.52
ANCILLARIES	7	0		94,313.02		.00	.000	13473.29		124.10
INPATIENT CROSSOVERS	11	30		7,672.91		255.76	.039	697.54		10.10
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
	•									
HOSP OUTPATIENT TOTAL	149	1,121		56,199.35		50.13	1.475	377.18		73.95
MEDICAL	18	41		2,952.51		72.01	.054	164.03		3.88
SURGERY	10	10		394.21		39.42	.013	39.42		.52
PATHOLOGY	31	345		3,210.72		9.31	.454	103.57		4.22
RADIOLOGY	12	19		1,790.18		94.22	.025	149.18		2.36
ROOM USE	38	77		3,428.69		44.53	.101	90.23		4.51
CROSSOVERS/ALL OTH OUTPTNT	120	629		44,423.04		70.62	.828	370.19		58.45
@COUNTY HOSPITAL TOTAL	2	47	\$	63,544.00	¢	1352.00		\$ 31772.00	Ġ	83.61
CO HOSPITAL INPATIENT TOTAL	2	47	٧	63,544.00	Y	1352.00	.062	31772.00	Y	83.61
	2	47				1352.00		31772.00		83.61
HSC HOSPITALS	0			63,544.00			.062			
NON-HSC HOSPITALS TOTAL	· ·	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	Ō		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00		.00
	0	0								
MEDICAL	0	0		.00		.00	.000	.00		.00
SURGERY	U			.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITUR	RES	MONTH-OF-PAYMENT R	EPOR	RT FOR JAN	2002 THRU	DEC 2002	P.	AGE 1,683
MOP024	FEE-FOR-SERVICE/DEN									01/17/03
1101 02 1			- ~		_					01,11,00

----- MONTHLY AVERAGE -----760 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

SUMMARY OF SERVICES FOR 41 MEDICALLY NEEDY - DISABLED

COLUSA COUNTY

		OR DAYS OF CAR	E.		PEF	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	162	1,233	\$	264,248.49	\$	214.31			1631.16		347.70
COMM HOSP INPATIENT TOTAL	22	112	·	208,049.14		1857.58	.147	·	9456.78		273.75
HSC HOSPITALS	4	17		32,708.00		1924.00	.022		8177.00		43.04
NON-HSC HOSPITALS TOTAL	7	65		167,668.23		2579.51	.086		23952.60		220.62
ACCOMMODATIONS	7	65		73,355.21		1128.54	.086		10479.32		96.52
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	7	65		73,355.21		1128.54	.086		10479.32		96.52
ANCILLARIES	7	0		94,313.02		.00	.000		13473.29		124.10
INPATIENT CROSSOVERS	11	30		7,672.91		255.76	.039		697.54		10.10
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	149	1,121		56,199.35		50.13	1.475		377.18		73.95
MEDICAL	18	41		2,952.51		72.01	.054		164.03		3.88
SURGERY	10	10		394.21		39.42	.013		39.42		.52
PATHOLOGY	31	345		3,210.72		9.31	.454		103.57		4.22
RADIOLOGY	12	19		1,790.18		94.22	.025		149.18		2.36
ROOM USE	38	77		3,428.69		44.53	.101		90.23		4.51
CROSSOVERS/ALL OTH OUTPTNT	120	629		44,423.04		70.62	.828		370.19		58.45
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	66	2,207	\$	203,415.66	\$	92.17	2.904	\$		\$	267.65
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	11	335		14,177.55		42.32	.441		1288.87		18.65
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	55	1,872		189,238.11		101.09	2.463		3440.69		249.00
@INTERMEDIATE CARE FACILDD	10	304	\$	36,343.44	\$	119.55	.400	Ş	3634.34	Ş	47.82
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	10	304		36,343.44		119.55	.400		3634.34		47.82
ICF DDN/DDCN	15	0 83	\$.00	Ċ	.00 128.62	.000	ċ	.00 711.71	ċ	.00 14.05
@HEMODIALYSIS TOTAL HOSPITAL BASED	13	0	Ą	10,675.59 .00	\$.00	.109	Ş	.00	Þ	.00
HEMODIALYSIS CENTER	15	83		10,675.59		128.62	.109		711.71		14.05
@REHABILITATION FACILITY	1	1	\$	50.47	\$	50.47	.001	Ċ	50.47	Ċ	.07
HOSPITAL BASED	1	1	Ÿ	50.47	Y	50.47	.001	Y	50.47	Y	.07
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	13	31	\$	367.63	\$	11.86	.041	Ś	28.28	Ś	.48
PATHOLOGY	11	28	Ψ	345.58	Ψ	12.34	.037	Ψ	31.42	۲	.45
XO AND OTHERS	2	3		22.05		7.35	.004		11.03		.03
@ORGANIZED OUTPATIENT CLINIC	150	233	\$	13,867.88	\$	59.52	.307	Ś	92.45	Ś	18.25
CLINIC	4	4	'	579.95		144.99	.005		144.99		.76
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	148	229		13,287.93					89.78		17.48
	MEDI-CAL SERVIC			ONTH-OF-PAYMENT R					2002	P.	AGE 1,684
MOP024	FEE-FOR-SERVICE	C/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 41 MED	ICALL	Y NEEDY - DISABLE	D						
							M	CONT	HLY AVERA	.GE	
760 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	ERAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CAR	E		PEF	R UNIT/DAY			USER		ELIGIBLE
@ALL OTHER PROVIDERS	115	17,463	\$	40,856.99	\$				355.28	\$	53.76
DURABLE MED. EQUIP.	10	40		19,262.99		481.57			1926.30		25.35
BLOOD BANK	0	0		.00		.00	.000		.00		.00

HEARING AID DISPENSERS	1	2	50.00	25.00	.003	50.00	.07
MEDICAL TRANSPORTATION	21	1,575	11,829.46	7.51	2.072	563.31	15.57
AMBULANCES/AIR TRANS	3	231	3,348.93	14.50	.304	1116.31	4.41
OTHER TRANS	13	1,261	6,466.18	5.13	1.659	497.40	8.51
OTHER SERVICES	6	83	2,014.35	24.27	.109	335.73	2.65
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	14	39	505.03	12.95	.051	36.07	.66
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	3	12	949.67	79.14	.016	316.56	1.25
PROSTHETICS	3	12	949.67	79.14	.016	316.56	1.25
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.001	38.01	.05
SPEECH AND AUDIOLOGY	3	7	258.02	36.86	.009	86.01	.34
HOSPICE SERVICES	0	0	940.81	.00	.000	.00	1.24
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	9	95	1,012.78	10.66	.125	112.53	1.33
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	58	15 , 692	6,010.22	.38	20.647	103.62	7.91
@CALIF. CHILDREN SERVICES*	4	25	\$ 12,562.97	\$ 502.52	.033	\$ 3140.74	\$ 16.53
@XOVER EXCLUDING STATE HOSP**	236	2,043	\$ 36,556.86	\$ 17.89	2.688	\$ 154.90	\$ 48.10

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,685 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE. ** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

COLUSA COUNTY	SUMMARY OF SERV	JICES FOR 42 MEDICALL	Y NEEDY - FAMILIES	3			28
20 222 81 1018182	HOEDO	INITES OF SERVICE		ALTERACE COOR	MONT		
28,232 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES				COST PER
@TOTAL, ALL PROVIDERS	11 021	OR DAYS OF CARE 56,873 \$	2 007 071 00	PER UNIT/DAY		USER	ELIGIBLE \$ 109.37
GTOTAL, ALL PROVIDERS	11,931	56,873 \$ 6,104 \$	3,087,871.82 342,106.35	\$ 54.29 \$ 56.05	2.014 \$.216 \$		
@PHYSICIANS SERVICES	2,766	6,104 \$					
OUTPATIENT VISITS	1,806	2,399	86,924.41	36.23	.085	48.13	3.08
OFFICE VISITS	1,357	1,701	53,330.74	31.35	.060	39.30	
HOME VISITS	2	2,399 1,701 2	68.60	34.30	.000	34.30	.00
EMERGENCY ROOM	1,806 1,357 2 129 0		7,249.43	51.78	.005	56.20	
PREVENTIVE CARE	0	0 239 317	.00 19,062.16	.00	.000	.00	.00
OB VISITS/COMPRE PERI	133	239 317	19,062.16	79.76 22.76	.008	143.32	.68
PREVENTIVE CARE OB VISITS/COMPRE PERI OTHER OUTPATIENT INPATIENT VISITS	246		7,213.48	22.76	.011	143.32 29.32	.26
INPATIENT VISITS	175	472	26,452.39	56.04	.017	151.16	.94
HOSPITAL VISITS	170	423	19,471.55	46.03	.015	114.54	.69
CRITICAL CARE	17	49	6,980.84	142.47	.002	410.64	.25
SNF/ICF/TRANS IP CARE	0	0 90	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	79	90	4,069.47	45.22	.003	51.51	
EXAMINATIONS	79	90	4,069.47	45.22	.003	51.51	.14
SERVICES AND MATERIALS	0	0	0.0	.00	.000	.00	.00
	1.00	389	120,540.74	309.87	.014	717.50	4.27
PRINCIPAL SURGEON	132	146	112,092.22	767.75	.005	849.18	3.97
ASSISTANT SURCEON	19	18	2,872.73	159.60	.001	151.20	.10
AND COURCE OF COURCE	25	225	5,575.79	24.78	.008	223.03	.20
OUTPATIENT SURGERY	276	629	40 506 17	78.75	.022	179.48	1.75
DDINGIDAL GUDGEON	2/0	316	49,536.17	131.55	.022	179.48	1.47
ACCIONANT CURCEON	243			131.33		87.24	.01
ASSISTANT SURGEON	3	310	261.73 7,703.19	87.24	.000		
ANESTHESIOLOGIST	44	310	7,703.19	24.85	.011	175.07	.27
PRINCIPAL SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST OUTPATIENT SURGERY PRINCIPAL SURGEON ASSISTANT SURGEON ANESTHESIOLOGIST DIALYSIS PATHOLOGY RADIOLOGY	0	U	.00	.00	.000	.00	.00
PATHOLOGY	364	529	5,311.97 24,371.48	10.04	.019 .020	14.59	.19
RADIOLOGY	429	576		42.31	.020	56.81	.86
PSYCHIATRY	()	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	38	123	2,363.06	19.21	.004	62.19	.08
OTHER SERVICES/ALL X-OVERS	383 5,948 5,858	897	22,536.66	25.12	.032	58.84	.80
@PHARMACY	5,948	19,216 \$	659,212.19 639,819.78 2,749.14	\$ 34.31	.681 \$		
PRESCRIPTION DRUGS	5 , 858	13,149	639 , 819.78	48.66	.466	109.22	22.66
SNF/ICF	1	19	2,749.14	144.69	.001	2749.14	.10
OUTPATIENTS	5,858	13,130	637,070.64	48.52 3.20	.465	108.75	22.57
MEDICAL SUPPLIES	230	6 , 067	19,392.41	3.20	.215	84.31	.69
@DENTIST	5,858 1 5,858 230 756 477 101 14 17 40 47	3 , 638 \$	139,576.45	\$ 38.37	.129 \$	184.62	\$ 4.94
VISITS - DIAGNOSTIC	477	2,153	30,483.45	14.16	.076	63.91	1.08
ORAL SURGERY	101	213	14,359.20	67.41	.008	142.17	.51
DRUGS	14	18	346.68	19.26	.001	24.76	.01
ANESTHESIA	17	17	1,700.00	100.00	.001	100.00	.06
PERIODONTICS	40	40	7,400.00	185.00	.001	185.00	.26
ENDODONTICS	47	139	15,223.50	109.52	.005	323.90	.54
RESTORATIVE DENTISTRY	274	906	57,524.75	63.49		209.94	2.04
PROSTHETICS	2,1	1	30.00	30.00	.000	30.00	.00
DENTURES, STAYPLATES	9	28	2,209.50	78.91	.001	245.50	.08
SPACE MAINTAINERS	11	12	1,127.37	93.95	.000	102.49	.04
	7	10	292.00				.01
MAXILLOFACIAL SERVICES	0	0		29.20	.000	41.71	
FRACTURES, DISLOCATIONS		· · · · · · · · · · · · · · · · · · ·	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	80	96	8,580.00	89.38	.003	107.25	.30
ALL OTHER SERVICES	MEDI CAI CEDUT	5	300.00	60.00	.000	60.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MO	JNIH-OF-PAYMENT RE	LFUKT FUK JAN 2	ZUUZ THKU DEC	. 2002	PAGE 1,686

FEE-FOR-SERVICE/DENTAL

01/17/03

					MON'	THLY AVERAC	GE
28,232 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
•		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	291	708 \$	17,478.64	\$ 24.69	.025 \$	60.06	
DIAGNOSTIC AND ANC. PROCED	202	204	9,538.28	46.76	.007	47.22	.34
EYE APPLIANCES	186	496	7,668.14	15.46	.018	41.23	.27
OTHER OPTOMETRIC SERVICES	8	8	272.22	34.03	.000	34.03	.01
	11		267.52			24.32	
@CHIROPRACTOR	11		267.52		.001 \$		
VISITS		16		16.72	.001	24.32	.01
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	8	9 \$	313.00	\$ 34.78	.000 \$	39.13	
MEDICINE/INJECTIONS	8	9	313.00	34.78	.000	39.13	.01
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	62	128 \$	7,287.83	\$ 56.94	.005 \$	117.55	\$.26
NURSE ANESTHESIST	58	292 \$	5 , 536.49	\$ 18.96	.010 \$	95.46	\$.20
NURSE MIDWIFE	7	14 \$	2,804.70	\$ 200.34	.000 \$	400.67	\$.10
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$		\$.00
@TOTAL HOSPITAL	2,855	12,331 \$	1,196,356.05	\$ 97.02	.437 \$	419.04	•
HOSP INPATIENT TOTAL	193	641	869,481.18	1356.44	.023	4505.08	30.80
HSC HOSPITALS	28	122	146,242.03	1198.71	.004	5222.93	5.18
NON-HSC HOSPITAL TOTAL	164	516	722,975.68	1401.12	.018	4408.39	25.61
ACCOMMODATIONS	164	516	156,609.09	303.51	.018	954.93	5.55
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	184.68CR		.000	.00	.01CR
	0	0					
TRANSITIONAL IP CARE			.00	.00	.000	.00	.00
ALL OTHER ACCOM	164	516	156,793.77	303.86	.018	956.06	5.55
ANCILLARIES	164	0	566,366.59	.00	.000	3453.45	20.06
INPATIENT CROSSOVERS	1	3	263.47	87.82	.000	263.47	.01
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2,763	11,690	326,874.87	27.96	.414	118.30	11.58
MEDICAL	885	1,268	62,712.03	49.46	.045	70.86	2.22
SURGERY	195	262	17,406.05	66.44	.009	89.26	.62
PATHOLOGY	1,492	4,541	53,940.73	11.88	.161	36.15	1.91
RADIOLOGY	934	1,806	76,095.20	42.13	.064	81.47	2.70
ROOM USE	1,505	2,031	79,342.36	39.07	.072	52.72	2.81
CROSSOVERS/ALL OTH OUTPINT	901	1,782	37,378.50	20.98	.063	41.49	1.32
@COUNTY HOSPITAL TOTAL	2	25 \$	938.33	\$ 37.53	.001 \$	469.17	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0						
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	•	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	2	25	938.33	37.53	.001	469.17	.03
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	2	8	41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	7	238.77	34.11	.000	119.39	.01

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY

FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

COLOSA COUNTI	SOMMANT OF SER	VICES FOR 42 MEDI	САЦЦ.	I NEEDI FAMILIE.	5	3.4			CE	
20 222 ELICIDIES	USERS	INTEG OF CEDITOR		EXPENDITURES	ATTEDACE COCH	M				COST PER
28,232 ELIGIBLES	USEKS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST PER UNIT/DAY			COST PER USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2,854	OR DAYS OF CARE	\$	1 105 417 70	\$ 97.14	.436		USER 418.86		42.34
	2,854 193	12,306 641	Ş	1,195,417.72	•	.436	Ş		Ą	30.80
COMM HOSP INPATIENT TOTAL HSC HOSPITALS	28	122		869,481.18	1356.44	.023		4505.08		5.18
	28 164	516		146,242.03	1198.71			5222.93		
NON-HSC HOSPITALS TOTAL	164			722,975.68	1401.12	.018		4408.39		25.61
ACCOMMODATIONS	164	516		156,609.09	303.51	.018		954.93		5.55
ADMINISTRATIVE DAYS	0	0		184.68C		.000		.00		.01CR
TRANSITIONAL IP CARE		•		.00	.00	.000		.00		.00
ALL OTHER ACCOM	164	516		156,793.77	303.86	.018		956.06		5.55
ANCILLARIES	164	0		566,366.59	.00	.000		3453.45		20.06
INPATIENT CROSSOVERS	1	3		263.47	87.82	.000		263.47		.01
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	2,762	11,665		325,936.54	27.94	.413		118.01		11.54
MEDICAL	883	1,258		62,151.95	49.41	.045		70.39		2.20
SURGERY	195	262		17,318.28	66.10	.009		88.81		.61
PATHOLOGY	1,491	4,533		53,899.07	11.89	.161		36.15		1.91
RADIOLOGY	934 1,503	1,806		76,095.20	42.13	.064		81.47		2.70
ROOM USE	1,503	2,024		79,103.59	39.08	.072		52.63		2.80
CROSSOVERS/ALL OTH OUTPINT		1,782		37,368.45	20.97	.063		41.47		1.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00	.00	.000		.00		.00
ICF DD	0	0		.00	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00	.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00	.00	.000		.00		.00
@REHABILITATION FACILITY	6	9	\$	613.50	\$ 68.17	.000	\$	102.25	\$.02
HOSPITAL BASED	6	9		613.50	68.17	.000		102.25		.02
INDEPENDENT FACILITY	6 0 944 944	0		.00	.00	.000		.00		.00
@LABORATORY FACILITY	944	2,471	\$	41,258.89	\$ 16.70	.088	\$	43.71	\$	1.46
PATHOLOGY	944	2,471	·	41,258.89	16.70	.088		43.71	·	1.46
XO AND OTHERS	0	, 0		.00	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	4,702	7,328	Ś	577,771.90	\$ 78.84	.260	Ś		\$	20.47
CLINIC	136	282		9,609.48	34.08	.010		70.66		.34
SURGICENTER	25	146		4,926.97	33.75	.005		197.08		.17
HEROIN DETOX CLINIC	1	7		76.65	10.95	.000		76.65		.00
RURAL HEALTH CLINIC	4,580	6,893		563,158.80	81.70	.244		122.96		19.95
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITUR	ES MO				DEC		Þ	AGE 1,688
MOP024	FEE-FOR-SERVICE			OLILIA OL LIMITIMINI IVI				_002	_	01/17/03
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SUMMARY OF SERVICES FOR 42 MEDICALLY NEEDY - FAMILIES

						MON	ITHLY AVERA	GE	
28,232 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CAR			PER UNIT/DAY	PER ELIG	USER	EJ	LIGIBLE
@ALL OTHER PROVIDERS	877	4,609	\$	97,288.31	\$ 21.11	.163 \$	110.93	\$	3.45
DURABLE MED. EQUIP.	41	46		4,084.35	88.79	.002	99.62		.14
BLOOD BANK	0	0		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	2	2		759.45	.00 379.73 21.18	.000	379.73 480.51		.03
MEDICAL TRANSPORTATION	68	1,543		32,674.56	21.18	.055	480.51		1.16
AMBULANCES/AIR TRANS	68 66	1,535		18,274.56	11.91	.054	276.89		. 65
OTHER TRANS	0	, 0					.00		.00
OTHER SERVICES	8	8		14,400.00	1000 00	000	1800.00		.51
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03		.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00		.00		.00
GENETIC DISEASE TESTING	97	97		8,027.00	82.75	.003	82.75		.28
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00		.00		.00
OCCUPATIONAL THERAPIST	0	0		.00	.00				.00
OPTICIAN	236	530		5,479.73	10.34	.000 .019 .000	23.22		.19
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69		.00
PORTABLE X-RAY	0	0		.00	.00		.00		.00
PROSTHETIST/ORTHOTISTS	24	60		14,288.11			595.34		
PROSTHETICS	24	60		14,288.11			595.34		
ORTHOTICS	0	0		.00	.00	000	0.0		.00
PSYCHOLOGIST	1	4		75.97	18.99	.000	75.97 370.62		.00
SPEECH AND AUDIOLOGY	1 19	46		7,041.81	153.08	.002	370.62		.25
HOSPICE SERVICES	0	0		.00	.00	.000	.00		.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000			.00
LOCAL EDUCATION AGENCIES	389	2,251		24,237.46	10.77	.080	62.31		.86
EPSDT SUPPLEMENTAL SERVICE	0	, 0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000			.00
ALL OTHER PROVIDERS	8	28			18.01		63.02		.02
@CALIF. CHILDREN SERVICES*	117	641		112,927.01	\$ 176.17	.023 \$	965.19	\$	4.00
@XOVER EXCLUDING STATE HOSP**	48	1,727		5,399.73					.19
0* TOTALS IN THESE LINES ARE				,				·	
THE AMOUNTS ARE ALREADY IN	CLUDED IN THE A	PROPRIATE DETAIL	LINE	S ABOVE.					
** THESE DATA ARE INCLUDED I									
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITU	RES M	ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAC	GE 1,689
MOP024	FEE-FOR-SERVICE								01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 43 MED	ICALL	Y NEEDY					
						MON	THLY AVERA	GE	
30 867 ELIGIBLES	HSERS	INITS OF SERVICE	F.	EXPENDITIBES	AVERAGE COST	PYAC/PTIMII	COST PER	C	OST PER

						MO	NTHLY AVERA	.GE	
30,867 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	i	COST PER
		OR DAYS OF CARE	3		PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	14,237	108,947	\$	5,881,948.37	\$ 53.99	3.530	\$ 413.15	\$	190.56
@PHYSICIANS SERVICES	3,164	7 , 653	\$	390,926.11	\$ 51.08	.248	\$ 123.55	\$	12.66
OUTPATIENT VISITS	1,854	2,476		90,369.09	36.50	.080	48.74		2.93
OFFICE VISITS	1,390	1,743		54,734.56	31.40	.056	39.38		1.77
HOME VISITS	3	4		165.80	41.45	.000	55.27		.01
EMERGENCY ROOM	136	159		8,706.10	54.76	.005	64.02		.28
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	133	239		19,062.16	79.76	.008	143.32		.62
OTHER OUTPATIENT	257	331		7,700.47	23.26	.011	29.96		.25
INPATIENT VISITS	188	547		30,215.03	55.24	.018	160.72		.98
HOSPITAL VISITS	182	489		22,214.68	45.43	.016	122.06		.72
CRITICAL CARE	20	57		7,953.64	139.54	.002	397.68		.26
SNF/ICF/TRANS IP CARE	1	1		46.71	46.71	.000	46.71		.00
OPHTHALMOLOGICAL SERVICES	86	99		4,398.25	44.43	.003	51.14		.14

SERVICES AND MATERIALS O
PRINCIPAL SURGEON 140 171 128,409.57 750.93 .006 917.21 4.16 ASSISTANT SURGEON 20 19 3,104.48 163.39 .001 155.22 .10 ANESTHESIOLOGIST 29 339 8,108.38 23.92 .011 279.60 .26 OUTPATIENT SURGERY 294 666 54,395.93 81.68 .022 185.02 1.76 PRINCIPAL SURGEON 259 333 46,046.44 138.28 .011 177.79 1.49 ASSISTANT SURGEON 3 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 177.79 1.49 ASSISTANT SURGEON 3 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.65 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DINTIST BLAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
ASSISTANT SURGEON 20 19 3,104.48 163.39 .001 155.22 .10 ANDESTHESIOLOGIST 29 339 8,108.38 23.92 .011 279.60 .26 OUTPATIENT SURGERY 294 666 54,395.93 81.68 .022 185.02 1.76 PRINCIPAL SURGEON 259 333 46,046.44 138.28 .011 177.79 1.49 ASSISTANT SURGEON 3 3 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 GPHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 GDENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
ANESTHESIOLOGIST 29 339 8,108.38 23.92 .011 279.60 .26 OUTPATIENT SURGERY 294 666 54,395.93 81.68 .022 185.02 1.76 PRINCIPAL SURGEON 259 333 46,046.44 138.28 .011 177.79 1.49 ASSISTANT SURGEON 3 3 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 0 .00 .00 .000 .000 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 GPHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 GDENTIST 847 3,994 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
OUTPATIENT SURGERY 294 666 54,395.93 81.68 .022 185.02 1.76 PRINCIPAL SURGEON 259 333 46,046.44 138.28 .011 177.79 1.49 ASSISTANT SURGEON 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 PRESCRIPTION DRUGS 7,708 21,163 1,233.062.49 \$40.95 .968 \$156.40 \$39.62 PRESCRIPTION DRUGS 7,756 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 GDENTIST 847 3,924 \$156,820.48 \$39.96 .127 \$185.15 \$5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
PRINCIPAL SURGEON 259 333 46,046.44 138.28 .011 177.79 1.49 ASSISTANT SURGEON 3 3 261.73 87.24 .000 87.24 .01 ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
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ANESTHESIOLOGIST 47 330 8,087.76 24.51 .011 172.08 .26 DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
DIALYSIS 1 1 12 199.44 16.62 .000 199.44 .01 PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
PATHOLOGY 372 542 5,713.95 10.54 .018 15.36 .19 RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST B47 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
RADIOLOGY 460 649 26,045.50 40.13 .021 56.62 .84 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 44 131 2,429.64 18.55 .004 55.22 .08 OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270
OTHER SERVICES/ALL X-OVERS 721 2,002 37,536.85 18.75 .065 52.06 1.22 @PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
@PHARMACY 7,820 29,864 \$ 1,223,062.49 \$ 40.95 .968 \$ 156.40 \$ 39.62 PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
PRESCRIPTION DRUGS 7,708 21,163 1,193,974.68 56.42 .686 154.90 38.68 SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
SNF/ICF 556 3,492 188,884.09 54.09 .113 339.72 6.12 OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
OUTPATIENTS 7,159 17,671 1,005,090.59 56.88 .572 140.40 32.56 MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
MEDICAL SUPPLIES 312 8,701 29,087.81 3.34 .282 93.23 .94 @DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
@DENTIST 847 3,924 \$ 156,820.48 \$ 39.96 .127 \$ 185.15 \$ 5.08 VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
VISITS - DIAGNOSTIC 544 2,323 33,624.45 14.47 .075 61.81 1.09 ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
ORAL SURGERY 114 270 17,366.23 64.32 .009 152.34 .56
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DRUGS 14 18 346.68 19.26 .001 24.76 .01
ANESTHESIA 18 1,900.00 105.56 .001 105.56 .06
PERIODONTICS 44 45 8,194.00 182.09 .001 186.23 .27
ENDODONTICS 49 142 16,213.50 114.18 .005 330.89 .53
RESTORATIVE DENTISTRY 285 933 60,256.75 64.58 .030 211.43 1.95
PROSTHETICS 1 1 30.00 30.00 .000 30.00 .00
DENTURES, STAYPLATES 21 51 8,589.50 168.42 .002 409.02 .28
SPACE MAINTAINERS 11 12 1,127.37 93.95 .000 102.49 .04

MAXILLOFACIAL SERVICES	7	10	292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	80	96	8,580.00	89.38	.003	107.25	.28
ALL OTHER SERVICES	5	5	300.00	60.00	.000	60.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,690
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR 43 MEDICAI	LLY NEEDY				

COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR 43 MEDIC	АЬЬ:	Y NEEDY						
22 265								NTHLY AVERA	AGE	
30,867 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES				COST PER		COST PER
		OR DAYS OF CARE				R UNIT/DAY		USER		ELIGIBLE
@OPTOMETRIST	337		\$	19,800.12	\$	24.15	.027	•	Ş	.64
DIAGNOSTIC AND ANC. PROCED	220	222		10,380.52		46.76	.007	47.18		.34
EYE APPLIANCES	219	586		9,140.46		15.60	.019	41.74		.30
OTHER OPTOMETRIC SERVICES	10	12		279.14		23.26	.000	27.91		.01
@CHIROPRACTOR	11		\$	267.52	\$	16.72	.001		\$.01
VISITS	11	16		267.52		16.72	.001	24.32		.01
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	81		\$	1,319.49	\$	12.45	.003	•	\$.04
MEDICINE/INJECTIONS	8	9		313.00		34.78	.000	39.13		.01
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	73	97		1,006.49		10.38	.003	13.79		.03
@HOME HEALTH AGENCY	72	187	\$	11,635.21	\$	62.22	.006	\$ 161.60	\$.38
NURSE ANESTHESIST	62	306	\$	5,800.42	\$	18.96	.010	\$ 93.56	\$.19
NURSE MIDWIFE	7	14	\$	2,804.70	\$	200.34	.000	\$ 400.67	\$.09
PEDIATRIC NURSE PRACTITIONER	. 0		\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	3,260	14,495	\$	1,556,890.89	\$	107.41	.470	\$ 477.57	\$	50.44
HOSP INPATIENT TOTAL	239	887		1,159,239.04		1306.92	.029	4850.37		37.56
HSC HOSPITALS	34	186		242,494.03		1303.73	.006	7132.18		7.86
NON-HSC HOSPITAL TOTAL	173	587		896,196.87		1526.74	.019	5180.33		29.03
ACCOMMODATIONS	173	587		232,262.14		395.68	.019	1342.56		7.52
ADMINISTRATIVE DAYS	0	0		184.68CF	2	.00	.000	.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	173	587		232,446.82		395.99	.019	1343.62		7.53
ANCILLARIES	173	0		663,934.73		.00	.000	3837.77		21.51
INPATIENT CROSSOVERS	33	114		20,548.14		180.25	.004	622.67		.67
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	3 , 136	13,608		397,651.85		29.22	.441	126.80		12.88
MEDICAL	913	1,330		66,633.81		50.10	.043	72.98		2.16
SURGERY	208	276		18,131.81		65.69	.009	87.17		.59
PATHOLOGY	1,540	4,940		57,897.72		11.72	.160	37.60		1.88
RADIOLOGY	955	1,838		78,823.37		42.89	.060	82.54		2.55
ROOM USE	1,556	2,127		83,687.60		39.35	.069	53.78		2.71
CROSSOVERS/ALL OTH OUTPTNT		3,097		92,477.54		29.86	.100	75.55		3.00
@COUNTY HOSPITAL TOTAL	4	•	\$	64,482.33	\$			\$ 16120.58	Ś	2.09
CO HOSPITAL INPATIENT TOTAL		47	٧	63,544.00	Y	1352.00	.002	31772.00	٧	2.06
HSC HOSPITALS	2	47		63,544.00		1352.00	.002	31772.00		2.06
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
ALL CIREK INPATIENT	U	U		.00		.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	2	25	938.33	37.53	.001	469.17	.03
MEDICAL	2	10	560.08	56.01	.000	280.04	.02
SURGERY	0	0	87.77	.00	.000	.00	.00
PATHOLOGY	2	8	41.66	5.21	.000	20.83	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	2	7	238.77	34.11	.000	119.39	.01
CROSSOVERS/ALL OTH OUTPTNT	0	0	10.05	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,691
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR 43 MEDICA	LLY NEEDY				
					MONT	UIV ATTEDA	CF

COLUSA COUNTY	SUMMARY OF SERV	VICES FOR 43 MEDIC	CAL	LY NEEDY							
							MC			GΕ	
30,867 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		ERAGE COST		3	COST PER		COST PER
		OR DAYS OF CARE			PE	R UNIT/DAY			USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	3 , 258	14,423	\$	1,492,408.56	\$.467	\$	458.08	\$	48.35
COMM HOSP INPATIENT TOTAL	238	840		1,095,695.04		1304.40	.027		4603.76		35.50
HSC HOSPITALS	32	139		178,950.03		1287.41	.005		5592.19		5.80
NON-HSC HOSPITALS TOTAL	173	587		896,196.87		1526.74	.019		5180.33		29.03
ACCOMMODATIONS	173	587		232,262.14		395.68	.019		1342.56		7.52
ADMINISTRATIVE DAYS	0	0		184.68CF	3	.00	.000		.00		.01CR
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	173	587		232,446.82		395.99	.019		1343.62		7.53
ANCILLARIES	173	0		663,934.73		.00	.000		3837.77		21.51
INPATIENT CROSSOVERS	33	114		20,548.14		180.25	.004		622.67		.67
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	3,135	13,583		396,713.52		29.21	.440		126.54		12.85
MEDICAL	911	1,320		66,073.73		50.06	.043		72.53		2.14
SURGERY	208	276		18,044.04		65.38	.009		86.75		.58
PATHOLOGY	1,539	4,932		57,856.06		11.73	.160		37.59		1.87
RADIOLOGY	955	1,838		78,823.37		42.89	.060		82.54		2.55
ROOM USE	1,554	2,120		83,448.83		39.36	.069		53.70		2.70
CROSSOVERS/ALL OTH OUTPTNT	•	3,097		92,467.49		29.86	.100		75.55		3.00
@STATE HOSPITAL	1,224	0	\$.00	\$.00	.000	Ċ	.00	Ċ	.00
MENTALLY ILL	0	0	Y	.00	Y	.00	.000	٧	.00	Y	.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	555	16,894	\$	1,629,494.62	\$	96.45	.547	Ċ	2936.03	Ċ	52.79
LEV A-INTERMEDIATE	0	10,094	Ą	.00	Ą	.00	.000	Ą	.00	ې	.00
	49	1,486		134,278.24		90.36	.048		2740.37		4.35
LEV B-REHAB MD		1,480									
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00			.000				.00
LEV B-TRANSITIONAL IP CARE	•	•				.00	.000		.00		.00
LEV B-REGULAR	506	15,408		1,495,216.38		97.04	.499		2954.97		48.44
@INTERMEDIATE CARE FACILDD	10	304	\$	36,343.44	\$	119.55	.010	Ş	3634.34	Ş	1.18
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	10	304		36,343.44		119.55	.010		3634.34		1.18
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	29	106	\$	21,730.38	\$	205.00	.003	Ş	749.32	Ş	.70
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	29	106		21,730.38		205.00	.003		749.32		.70
@REHABILITATION FACILITY	7	10	\$	663.97	\$	66.40	.000	\$	94.85	\$.02
HOSPITAL BASED	7	10		663.97		66.40	.000		94.85		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	971	2 , 525	\$	41,949.76	\$	16.61	.082	\$	43.20	\$	1.36
PATHOLOGY	965	2,518		41,882.00		16.63	.082		43.40		1.36
XO AND OTHERS	6	7		67.76		9.68	.000		11.29		.00
@ORGANIZED OUTPATIENT CLINIC	5,009	7,819	\$	607,608.45	\$	77.71	.253	\$	121.30	\$	19.68
CLINIC	144	292		10,474.83		35.87	.009		72.74		.34

SURGICENTER 26 151 5,239.97 34.70 .005 201.54 .17
HEROIN DETOX CLINIC 1 7 76.65 10.95 .000 76.65 .00
RURAL HEALTH CLINIC 4,880 7,369 591,817.00 80.31 .239 121.27 19.17
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,692
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 43 MEDICALLY NEEDY

COLUSA COUNTY	SUMMARY OF SERV	TICES FOR 43 MED	ICAL.	LY NEE	אַעוּ						
00 055			_	_		 	MC				
30,867 ELIGIBLES	USERS	UNITS OF SERVICE		E	EXPENDITURES	ERAGE COST		3	COST PER		COST PER
		OR DAYS OF CAR				R UNIT/DAY		_	USER		ELIGIBLE
@ALL OTHER PROVIDERS	1,157	23,904	\$		174,830.32	\$ 7.31	.774	Ş		Ş	5.66
DURABLE MED. EQUIP.	73	150			45,624.95	304.17	.005		625.00		1.48
BLOOD BANK	0	0			.00	.00	.000		.00		.00
HEARING AID DISPENSERS	9	15			5,160.69	344.05	.000		573.41		.17
MEDICAL TRANSPORTATION	147	4,510			48,858.93	10.83	.146		332.37		1.58
AMBULANCES/AIR TRANS	70	1,769			21,761.45	12.30	.057		310.88		.71
OTHER TRANS	37	2,010			8,210.29	4.08	.065		221.90		.27
OTHER SERVICES	49	731			18,887.19	25.84	.024		385.45		.61
ACUPUNCTURE	1	1			27.03	27.03	.000		27.03		.00
ADULT DAY HEALTH CARE CTR	0	0			.00	.00	.000		.00		.00
GENETIC DISEASE TESTING	97	97			8,027.00	82.75	.003		82.75		.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0			.00	.00	.000		.00		.00
OCCUPATIONAL THERAPIST	0	0			.00	.00	.000		.00		.00
OPTICIAN	273	622			6,654.78	10.70	.020		24.38		.22
PHYSICAL THERAPIST	1	1			88.69	88.69	.000		88.69		.00
PORTABLE X-RAY	1	2			3.09	1.55	.000		3.09		.00
PROSTHETIST/ORTHOTISTS	32	81			15,424.45	190.43	.003		482.01		.50
PROSTHETICS	32	81			15,424.45	190.43	.003		482.01		.50
ORTHOTICS	0	0			.00	.00	.000		.00		.00
PSYCHOLOGIST	2	5			113.98	22.80	.000		56.99		.00
SPEECH AND AUDIOLOGY	26	61			7,935.19	130.09	.002		305.20		.26
HOSPICE SERVICES	0	0			1,241.61	.00	.000		.00		.04
NONINST BIRTHING CENTERS	0	0			.00	.00	.000		.00		.00
LOCAL EDUCATION AGENCIES	398	2,346			25,250.24	10.76	.076		63.44		.82
EPSDT SUPPLEMENTAL SERVICE	0	0			.00	.00	.000		.00		.00
RESPIRATORY CARE PRACT.	0	0			.00	.00	.000		.00		.00
PED SUBACUTE REHAB/WEANING	0	0			.00	.00	.000		.00		.00
ALL OTHER PROVIDERS	118	16,013			10,419.69	.65	.519		88.30		.34
@CALIF. CHILDREN SERVICES*	121	666	\$		125,489.98	\$.022	\$	1037.11	\$	4.07
@XOVER EXCLUDING STATE HOSP**		6,681	\$			\$ 16.13		\$		\$	3.49
0.1 -0											

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,693 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

						MOI	NTHLY AVERAG	5比
839 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	324	1,398	\$	76,096.94	\$ 54.43	1.666	\$ 234.87	\$ 90.70
@PHYSICIANS SERVICES	93	237	\$	11,065.47	\$ 46.69	.282	\$ 118.98	\$ 13.19
OUTPATIENT VISITS	68	81		2,927.04	36.14	.097	43.04	3.49
OFFICE VISITS	56	67		2,165.52	32.32	.080	38.67	2.58
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4		161.71	40.43	.005	40.43	.19
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	5	6		502.67	83.78	.007	100.53	.60

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	4	4		97.14		24.29		005		24.29		.12
INPATIENT VISITS	5	28		4,226.70		150.95		033		845.34		5.04
HOSPITAL VISITS	4	11		601.00		54.64		013		150.25		.72
CRITICAL CARE	2	17		3,625.70		213.28		020		1812.85		4.32
SNF/ICF/TRANS IP CARE	0	0		.00		.00		000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00		.00		000		.00		.00
EXAMINATIONS	0	0		.00		.00		000		.00		.00
SERVICES AND MATERIALS	0	0		.00		.00		000		.00		.00
INPATIENT HOSPITAL SURGERY	2	10		873.66		87.37		012		436.83		1.04
PRINCIPAL SURGEON	1	1		671.64		671.64		001		671.64		.80
ASSISTANT SURGEON	0	0		.00		.00		000		.00		.00
ANESTHESIOLOGIST	1	9		202.02		22.45		011		202.02		.24
OUTPATIENT SURGERY	8	13		754.31		58.02		015		94.29		.90
PRINCIPAL SURGEON	8	10		648.95		64.90		012		81.12		.77
ASSISTANT SURGEON	0	0		.00		.00		000		.00		.00
ANESTHESIOLOGIST	1	3		105.36		35.12		004		105.36		.13
DIALYSIS	0	0		.00		.00		000		.00		.00
PATHOLOGY	13	36		405.96		11.28		043		31.23		.48
RADIOLOGY	17	57		1,527.53		26.80		068		89.85		1.82
PSYCHIATRY	0	0		.00		.00		000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00		000		.00		.00
OTHER SERVICES/ALL X-OVERS	10	12		350.27		29.19		014		35.03		.42
@PHARMACY	143	464	\$	5,822.48	\$	12.55		553	\$	40.72	\$	6.94
PRESCRIPTION DRUGS	139	260		5,647.13		21.72		310		40.63		6.73
SNF/ICF	0	0		.00		.00		000		.00		.00
OUTPATIENTS	139	260		5,647.13		21.72		310		40.63		6.73
MEDICAL SUPPLIES	4	204		175.35		.86		243		43.84		.21
@DENTIST	19	71	\$	2,735.00	\$	38.52		085	\$	143.95	\$	3.26
VISITS - DIAGNOSTIC	13	46		690.00		15.00		055		53.08		.82
ORAL SURGERY	1	4		400.00		100.00		005		400.00		.48
DRUGS	0	0		.00		.00		000		.00		.00
ANESTHESIA	1	1		100.00		100.00		001		100.00		.12
PERIODONTICS	0	0		.00		.00		000		.00		.00
ENDODONTICS	1	1		71.00		71.00		001		71.00		.08
RESTORATIVE DENTISTRY	3	12		984.00		82.00		014		328.00		1.17
PROSTHETICS	0	0		.00		.00		000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00		000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00		000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00		000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00		000		.00		.00
ORTHODONTIC SERVICES	4	7		490.00		70.00		800		122.50		.58
ALL OTHER SERVICES	0	0		.00		.00		000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	ND EXPENDITURE	S M	ONTH-OF-PAYMENT RE	EPOR'	T FOR JAN	2002 T	HRU	DEC	2002	P.	AGE 1,694
MOP024	FEE-FOR-SERVICE/DENT	TAL										01/17/03

----- MONTHLY AVERAGE -----839 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 5 14 \$ 365.80 \$ 26.13 .017 \$ 73.16 \$.44 DIAGNOSTIC AND ANC. PROCED 5 5 237.25 47.45 .006 47.45 .28 EYE APPLIANCES 3 9 128.55 14.28 .011 42.85 .15 .000 OTHER OPTOMETRIC SERVICES 0 0 .00 .00 .00 .00 .00 .00 \$.00 \$.000 \$.00 @CHIROPRACTOR VISITS 0 0 .00 .00 .000 .00 .00 OTHER SERVICES 0 0 .00 .00 .000 .00 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

COLUSA COUNTY

MEDICINE/INJECTIONS	Λ	Λ		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	Ċ	.00	Ċ	.00	.000	\$.00	ċ	.00
NURSE ANESTHESIST	1	<i>I</i>	ć	62.92	\$	15.73	.005	\$	62.92	ç	.07
NURSE MIDWIFE	0	0	¢	.00	Ċ	.00	.000	\$.00	Ċ	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ر د	.00	ė,	.00	.000	خ ح	.00	ç	.00
FAMILY NURSE PRACTITIONER	0	0	ب خ	.00	ڊ خ	.00	.000	\$.00	ې خ	.00
@TOTAL HOSPITAL	69	328	ې د	38,869.84	ې د	118.51	.391	ş S	563.33	ş S	46.33
HOSP INPATIENT TOTAL	2	23	Ą	29,997.00	Ą	1304.22	.027	Ą	9999.00	Ą	35.75
	3	23		•							
HSC HOSPITALS	3	23		29,997.00		1304.22	.027		9999.00		35.75
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	Ü	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	Ü	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	66	305		8,872.84		29.09	.364		134.44		10.58
MEDICAL	31	37		2,079.61		56.21	.044		67.08		2.48
SURGERY	3	6		367.67		61.28	.007		122.56		.44
PATHOLOGY	46	139		1,639.28		11.79	.166		35.64		1.95
RADIOLOGY	17	33		1,801.24		54.58	.039		105.96		2.15
ROOM USE	46	55		2,444.75		44.45	.066		53.15		2.91
CROSSOVERS/ALL OTH OUTPINT	29	35		540.29		15.44	.042		18.63		.64
@COUNTY HOSPITAL TOTAL	0	0	\$	24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	24.05	.00	.000	.00	.03
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	3.89	.00	.000	.00	.00
PATHOLOGY	0	0	2.96	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	17.20	.00	.000	.00	.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	IONTH-OF-PAYMENT REPORT	FOR JAN 20	002 THRU DEC	2002	PAGE 1,695
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03
COLUSA COUNTY	STIMMARY OF SERVICES E	OR AAMTC - NC	SOC 03 04 24 45 44 4K	4M 5K 7T 8	22		

SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82 COLUSA COUNTY ----- MONTHLY AVERAGE -----839 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 328 38,845.79 \$ 118.43 .391 \$ 562.98 \$ 46.30 @COMMUNITY HOSPITAL TOTAL 69 23 COMM HOSP INPATIENT TOTAL 3 29,997.00 1304.22 .027 9999.00 35.75 1304.22 HSC HOSPITALS 3 23 29,997.00 .027 9999.00 35.75 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00

ICF DD

ICF DDN/DDCN

@HEMODIALYSIS TOTAL

HEMODIALYSIS CENTER

@REHABILITATION FACILITY

HOSPITAL BASED

HOSPITAL BASED

.00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .000 .00 .00 0 .00 .00 .00 ALL OTHER INPATIENT .000 .00 COMM HOSP OUTPATIENT TOTAL 305 8,848.79 29.01 .364 134.07 10.55 31 MEDICAL 37 2,079.61 56.21 .044 67.08 2.48 3 .43 SURGERY 6 363.78 60.63 .007 121.26 PATHOLOGY 139 1,636.32 11.77 .166 35.57 1.95 RADIOLOGY 17 33 1,801.24 54.58 .039 105.96 2.15 46 55 53.15 2.91 ROOM USE 2,444.75 44.45 .066 CROSSOVERS/ALL OTH OUTPTNT 35 18.04 523.09 14.95 .042 .62 @STATE HOSPITAL 0 .00 \$.00 .000 .00 .00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .000 .00 .00 @NURSING FACILITY 0 .00 .00 .000 .00 .00 LEV A-INTERMEDIATE .00 .00 .000 .00 .00 LEV B-REHAB MD .00 .00 .000 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 LEV B-SUBACUTE HSPTL BASED 0 .00 .00 .000 .00 .00 LEV B-TRANSITIONAL IP CARE 0 LEV B-REGULAR .00 .00 .000 .00 .00 0 .000 @INTERMEDIATE CARE FACIL.-DD .00 .00 .00 .00 ICF DDH .00 .00 .00 .00 .000

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INDEPENDENT FACILITY	0	0	.00		.00	.000	.0	0	.00
@LABORATORY FACILITY	20	60 \$	1,350.65	\$	22.51	.072	\$ 67.5	3 :	\$ 1.61
PATHOLOGY	20	60	1,350.65		22.51	.072	67.5	3	1.61
XO AND OTHERS	0	0	.00		.00	.000	.0	0	.00
@ORGANIZED OUTPATIENT CLINIC	107	167 \$	13,633.88	\$	81.64	.199	\$ 127.4	2 :	\$ 16.25
CLINIC	1	4	109.40		27.35	.005	109.4	0	.13
SURGICENTER	0	0	.00		.00	.000	.0	0	.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.0	0	.00
RURAL HEALTH CLINIC	106	163	13,524.48		82.97	.194	127.5	9	16.12
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002		PAGE 1,696
MOP024	FEE-FOR-SERVICE/DE	INTAL							01/17/03
COLUSA COUNTY	STIMMARY OF SERVICE	S FOR 44 MTC -	NO SOC 03 04 24 45	12 1K	4M 5K 77	r 82			

----- MONTHLY AVERAGE -----

COLUSA COUNTY SUMMARY OF SERVICES FOR 44 MIC - NO SOC 03 04 2A 45 4A 4K 4M 5K 7T 82

					MON	THLI AVERA	GE
839 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	15	53 \$	2,190.90	\$ 41.34	.063 \$	146.06	\$ 2.61
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	2	9	267.58	29.73	.011	133.79	.32
AMBULANCES/AIR TRANS	2	9	267.58	29.73	.011	133.79	.32
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	6	13	130.16	10.01	.015	21.69	.16
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	31	1,793.16	57.84	.037	256.17	2.14
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	124 \$	32,715.50	\$ 263.83	.148 \$	3635.06	\$ 38.99
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00
0 * MOMATO IN MURCE TIMES ADE CIVE	יאו אכ א פוייסאד	MINT INCIDANTATION TOTAL	ONIT V.				

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,697 MOP024 01/17/03 FEE-FOR-SERVICE/DENTAL COLUSA COUNTY SUMMARY OF SERVICES FOR 45 MIC - SOC AID CODE

							MOI	ITHLY AVERA	.GE ·	
14 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CAR	E		PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	19	154	\$	4,941.48	\$	32.09	11.000	260.08	\$	352.96
@PHYSICIANS SERVICES	7	11	Ś	995.46	Ś	90.50	. 786	142.21	Ś	71.10

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	1	1	20.94	20.94	.071	20.94	1.50
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	1	1	20.94	20.94	.071	20.94	1.50
INPATIENT VISITS	2	4	190.94	47.74	.286	95.47	13.64
HOSPITAL VISITS	2.	4	190.94	47.74	.286	95.47	13.64
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	400.59	400.59	.071	400.59	28.61
PRINCIPAL SURGEON	1	1	400.59	400.59	.071	400.59	28.61
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	1	10.53	10.53	.071	10.53	.75
RADIOLOGY	3	3	334.86	111.62	.214	111.62	23.92
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	37.60	37.60	.071	37.60	2.69
@PHARMACY	1	2 \$	16.03	\$ 8.02	.143 \$		\$ 1.15
PRESCRIPTION DRUGS	1	2	16.03	8.02	.143	16.03	1.15
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	1	2	16.03	8.02	.143	16.03	1.15
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MOI	NTH-OF-PAYMENT R	EPORT FOR JAN 2	002 THRU DE	C 2002	PAGE 1,698
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC - SOC		AID CO	DE		
							GE
14 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
O O DECMEED TOE	0	OR DAYS OF CARE	0.0	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$		•
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00

EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	Ś	.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	•	0	Ś	.00	\$.00		\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	¢	.00	\$.00	.000		.00	\$.00
@TOTAL HOSPITAL	6	36	\$	3,049.60	\$	84.71	2.571	\$	508.27	\$	217.83
HOSP INPATIENT TOTAL	2	4	Ÿ	1,865.02	Ÿ	466.26	.286	Ÿ	932.51	Y	133.22
HSC HOSPITALS	1	2		1,865.02		932.51	.143		1865.02		133.22
	1	2		•							
NON-HSC HOSPITAL TOTAL	1			.00		.00	.143		.00		.00
ACCOMMODATIONS	1	2		.00		.00	.143		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	2		.00		.00	.143		.00		.00
ANCILLARIES	1	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	4	32		1,184.58		37.02	2.286		296.15		84.61
MEDICAL	3	6		270.03		45.01	.429		90.01		19.29
SURGERY	2	2		178.41		89.21	.143		89.21		12.74
PATHOLOGY	2	4		52.48		13.12	.286		26.24		3.75
RADIOLOGY	1	7		247.60		35.37	.500		247.60		17.69
ROOM USE	4	7		319.84		45.69	.500		79.96		22.85
CROSSOVERS/ALL OTH OUTPTNT	3	6		116.22		19.37	.429		38.74		8.30
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000				.00
MEDICAL	· · · · · · · · · · · · · · · · · · ·	0							.00		
SURGERY	0	U		.00		.00	.000		.00		.00
PATHOLOGY	U	U		.00		.00	.000		.00		.00
RADIOLOGY	U	U		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT		U	70	.00		.00	.000	D= ~	.00	_	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURI	±S MOI	NTH-OF-PAYMENT R	EPORI	FOR JAN	∠UU2 THRÜ	DEC	2002	PA	AGE 1,699
MOP024	FEE-FOR-SERVICE		_								01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 45 MIC -	- SOC			AID C					
							M				
14 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S C	OST PER	(COST PER

		OR DAYS OF CARE]		PEF	R UNIT/DAY	PER ELIG	USER	F	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6	36	\$	3,049.60	\$	84.71	2.571	\$ 508.27	\$	217.83
COMM HOSP INPATIENT TOTAL	2	4		1,865.02		466.26	.286	932.51		133.22
HSC HOSPITALS	1	2		1,865.02		932.51	.143	1865.02		133.22
NON-HSC HOSPITALS TOTAL	1	2		.00		.00	.143	.00		.00
ACCOMMODATIONS	1	2		.00		.00	.143	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	1	2		.00		.00	.143	.00		.00
ANCILLARIES	1	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	4	32		1,184.58		37.02	2.286	296.15		84.61
MEDICAL	3	6		270.03		45.01	.429	90.01		19.29
SURGERY	2	2		178.41		89.21	.143	89.21		12.74
PATHOLOGY	2	4		52.48		13.12	.286	26.24		3.75
RADIOLOGY	1	7		247.60		35.37	.500	247.60		17.69
ROOM USE	4	7		319.84		45.69	.500	79.96		22.85
CROSSOVERS/ALL OTH OUTPINT	3	6		116.22		19.37	.429	38.74		8.30
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	38.00	\$	38.00	.071	\$	38.00	\$	2.71
PATHOLOGY	1	1		38.00		38.00	.071		38.00		2.71
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	2	2	\$	139.76	\$	69.88	.143	\$	69.88	\$	9.98
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	2	2		139.76		69.88	.143		69.88		9.98
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITURE	S MONTH-OF	-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC	2002	PF	GE 1,700
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	45 MIC -	SOC			AID C	CODE				

----- MONTHLY AVERAGE -----AVERAGE COST UNITS/DAYS COST PER 14 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 4 102 702.63 6.89 7.286 \$ 175.66 \$ 50.19 DURABLE MED. EQUIP. 2 119.15 59.58 .143 119.15 8.51 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .000 HEARING AID DISPENSERS 0 .00 .00 .00 .00 583.48 5.83 7.143 194.49 MEDICAL TRANSPORTATION 100 100 583.48 5.83 7.143 194.49 41.68 AMBULANCES/AIR TRANS OTHER TRANS 0 .00 .00 .000 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 ADULT DAY HEALTH CARE CTR .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 .00 PSYCHOLOGIST .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* 119.49CR \$ 39.83 .214CR\$.00 \$ 8.54CR 0 .00 \$.00 @XOVER EXCLUDING STATE HOSP** .00 \$.00 .000 \$

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

### OFFICE NATIONAL PROVIDERS MATERIAL MATERIAL PROVIDERS MATERIAL						MON	THLY AVERA	GE
POTOTAL, ALL PROVIDERS	853 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			
### OFFICIAINS SERVICES			OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
### OFFICIAINS SERVICES	@TOTAL, ALL PROVIDERS	343	1,552 \$	81,038.42	\$ 52.22	1.819 \$	236.26	\$ 95.00
OUTPATIENT VISITS 69 82 2,947.98 35.95 0.96 42.72 3.46 OFFICE VISITS 56 67 2.54 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	@PHYSICIANS SERVICES	100	248 \$	12,060.93			120.61	\$ 14.14
OFFICE VISITS	OUTPATIENT VISITS	69			35.95			
HOME VISITS								
BRENEGRY ROOM				•				
PREVENTIVE CARE 0		•	<u> </u>					
OF VISITS/COMPRE PERI 5 6 502.67 83.78 .007 100.53 .59 CTHER OUTPATIENT 5 5 5 118.08 23.62 .006 23.62 .14 INPATIENT VISITS 7 32 4,417.64 139.05 .038 631.09 5.18 HOSPITAL VISITS 6 15 79.94 52.80 .018 131.99 .93 CRITICAL CARE 2 177 3.625.70 213.28 .020 1812.85 4.25 SNF/ICF/TRANS IP CARE 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0		0						
OTHER OUTPATIENT 55		5						
INPATIENT VISITS		5						
HOSPITAL VISITS		J	3					
CRITICAL CARE 2 177 3,625.70 213.28 .020 1812.85 4.25 SEF/ICP/TRANS 1P CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00		/						
SNE/ICE/TRANS IP CARE OPHHAIMADIGCICAL SERVICES OOO OPHHAIMADIGCICAL SERVICES OOO OPHAIMADIGCICAL SERVICES OOO OPHAIMADIGCICAL SERVICES OOO OPHAIMADIGCICAL SERVICES OOO OOO OOO OOO OOO OOO OOO OOO OOO O		6						
OPHTHALMOLOCICAL SERVICES 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		2		· ·				
EXAMINATIONS O		-						
SERVICES AND MATERIALS O O O O O O O O O O O O O		•	<u> </u>					
INPATIENT HOSPITAL SURGERY 3		•	<u> </u>			.000		
PRINCIPAL SURGEON 2 2 1,072.23 536.12 002 536.12 1.26 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 9 202.02 22.45 .011 202.02 2.4 OUTPATIENT SURGERY 8 13 754.31 58.02 .015 94.29 .88 PRINCIPAL SURGEON 0 10 648.95 64.90 .012 81.12 .76 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 3 3 105.36 35.12 .004 105.36 .12 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	SERVICES AND MATERIALS	0				.000		
ASSISTANT SURGEON ANESTHESIOLOGIST 1 9 202.02 22.45 .011 202.02 .24 OUTPATIENT SURGERY 8 13 754.51 58.02 .015 94.29 .88 PRINCIPAL SURGEON 8 10 648.95 64.90 .012 81.12 .76 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 3 15.36 35.12 .004 105.36 .12 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 .00 .0	INPATIENT HOSPITAL SURGERY	3		1,274.25	115.84	.013		
ANESTHESIOLOGIST 1 9 202.02 22.45 .011 202.02 .24 0UTPATIENT SURGERY 8 13 754.31 58.02 .015 94.29 .88 PRINCIPAL SURGEON 8 10 648.95 64.90 .012 81.12 .76 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PRINCIPAL SURGEON			1,072.23		.002	536.12	1.26
OUTPATIENT SURGERY 8 13 754.31 58.02 .015 94.29 .88 PRINCIPAL SURGEON 8 10 648.95 64.90 .012 81.12 .76 ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON 8 10 648.95 64.90 .012 81.12 .76 ASSISTANT SURGEON 0 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIOLOGIST 1 3 1 3 105.36 35.12 .004 105.36 .12 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 PATHOLOGY 14 37 416.49 11.26 .043 29.75 .49 RADIOLOGY 20 60 1,862.39 31.04 .070 93.12 2.18 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 11 13 387.87 29.84 .015 35.26 .45 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .00 .00 .00 .00 ORADITIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 13.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .00 .00 .00 .00 ANESTHESIA 1 1 1 1 10.00 10.00 .00 .00 .00 .00 ENDONNICS 1 1 1 1 1 10.00 .00 .00 .00 .00 .00 ENDONNICS 1 1 1 1 1 10.00 .00 .00 .00 .00 .00 RESTRESIA 1 1 1 1 10.00 .00 .00 .00 .00 .00 .00 PERIODONNICS 1 1 1 1 1 .00 .00 .00 .00 .00 .00 .00 .	ANESTHESIOLOGIST	1	9	202.02	22.45	.011	202.02	.24
ASSISTANT SURGEON 0 0 0 0.00 0.00 0.00 0.00 0.00 ANESTHESICLOGIST 1 3 3 105.36 35.12 0.04 105.36 1.12 DIALYSIS 0 0 0 0.00 0.00 0.00 0.00 0.00 0.00	OUTPATIENT SURGERY	8	13	754.31	58.02	.015	94.29	.88
ANESTHESIOLOGIST 1 3 105.36 35.12 .004 105.36 .12 DIALYSIS 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 14 37 416.49 11.26 .043 29.75 .49 RADIOLOGY 2 0 60 1,862.39 31.04 .070 93.12 2.18 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 11 13 387.87 29.84 .015 35.26 .45 PHARMACY 14 466 \$ 5,838.51 \$ 12.53 .546 \$ 40.55 \$ 6.84 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 POENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .055 453.08 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .055 453.08 3.21 ORAL SURGERY 1 1 4 400.00 100.00 .00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 .00 ENDODONTICS 1 1 1 1 100.00 100.00 .00 .00 .00 .00 .	PRINCIPAL SURGEON	8	10	648.95	64.90	.012	81.12	.76
ANESTHESIOLOGIST 1 3 105.36 35.12 .004 105.36 .12 DIALYSIS 0 0 0 0 .00 .00 .00 .00 .00 .00 PATHOLOGY 14 37 416.49 11.26 .043 29.75 .49 RADIOLOGY 20 60 1,862.39 31.04 .070 93.12 2.18 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00 OTHER SERVICES/ALL X-OVERS 11 13 387.87 29.84 .015 35.26 .45 PRESCRIPTION DRUGS 144 466 \$ 5,838.51 \$ 12.53 .546 \$ 40.55 \$ 6.84 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 SNF/ICF 0 0 0 0 .00 .00 .00 .00 .00 .00 OUTATIENTS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 @DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .055 400.00 .47 DRUGS 0 0 0 0 0.00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDODONTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 .00 ENDOTICS 1 1 1 1 10.00 10.00 .00 .00 .00 .00 .00	ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
DIALYSIS	ANESTHESIOLOGIST	1	3	105.36		.004		.12
PATHOLOGY	DIALYSIS	0	0	.00		.000	.00	.00
RADIOLOGY 20 60 1,862.39 31.04 .070 93.12 2.18 PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00	PATHOLOGY	14	37					
PSYCHIATRY		20		1,862.39				
IMMUNIZATION AND INJECTION 0 .05 .35.26 .45 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .45 .66 .84 .81 .81 .21 .23 .546 \$ 40.45 .664 .66 .84 .81 <t< td=""><td></td><td></td><td>0</td><td></td><td></td><td></td><td></td><td></td></t<>			0					
OTHER SERVICES/ALL X-OVERS 11 13 387.87 29.84 .015 35.26 .45 @PHARMACY 144 466 \$ 5,838.51 \$ 12.53 .546 \$ 40.55 \$ 6.84 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 SNF/ICF 0 0 .00		0						
@PHARMACY 144 466 \$ 5,838.51 \$ 12.53 .546 \$ 40.55 \$ 6.84 PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 @DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.0 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .00 .00 .00 .00 .00 .00		· ·						
PRESCRIPTION DRUGS 140 262 5,663.16 21.62 .307 40.45 6.64 SNF/ICF 0 0 .00<								
SNF/ICF 0 0 .00 .00 .00 .00 .00 .00 OUTPATIENTS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 @DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .005 400.00 .47 DRUGS 0 0 .00			•					•
OUTPATIENTS 140 262 5,663.16 21.62 .307 40.45 6.64 MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 @DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .054 53.08 .81 DRUGS 0 0 0 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .00 .00 .00 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 71.00 71.00 .01 71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00								
MEDICAL SUPPLIES 4 204 175.35 .86 .239 43.84 .21 @DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .005 400.00 .47 DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .00		· ·						
@DENTIST 19 71 \$ 2,735.00 \$ 38.52 .083 \$ 143.95 \$ 3.21 VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .005 400.00 .47 DRUGS 0 0 .00 .00 .00 .000 .00 .00 .00 ANESTHESIA 1 1 1 100.00 100.00 .001 100.00 .00 .00 .00 ENDODONTICS 0 0 0 .00								
VISITS - DIAGNOSTIC 13 46 690.00 15.00 .054 53.08 .81 ORAL SURGERY 1 4 400.00 100.00 .005 400.00 .47 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .001 100.00 .12 PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 71.00 71.00 .001 .71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00								
ORAL SURGERY 1 4 400.00 100.00 .005 400.00 .47 DRUGS 0 0 .00 .00 .00 .00 .00 .00 ANESTHESIA 1 1 100.00 100.00 .001 100.00 .12 PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 71.00 71.00 .001 71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00 .00			·	· ·				•
DRUGS 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .01 100.00 .12 PERIODONTICS 0 0 .00								
ANESTHESIA 1 1 100.00 100.00 .001 100.00 .12 PERIODONTICS 0 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 71.00 71.00 .001 71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00		-						
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00 ENDODONTICS 1 1 71.00 71.00 .001 71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00			1					
ENDODONTICS 1 1 1 71.00 71.00 .001 71.00 .08 RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00		-	1					
RESTORATIVE DENTISTRY 3 12 984.00 82.00 .014 328.00 1.15 PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00		0	-					
PROSTHETICS 0 0 .00 .00 .00 .00 .00 DENTURES, STAYPLATES 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00 .00		Ţ						
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00 SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00								
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00								
		0	•					
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00		0	0					
		0	0					
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00	•	0	0					
ORTHODONTIC SERVICES 4 7 490.00 70.00 .008 122.50 .57		-	7					
ALL OTHER SERVICES 0 0 0 .00 .00 .00 .00 .00		•	~					
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,702				NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DEC	2002	

01/17/03

FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	46 MEDIO	CALLY	INDIGENT CHILDRE	EN		M	∩NT	HIV AVERA	CF	
853 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	Δ1/1	ERAGE COST				CLO	COST PER
033 EHICIDEE	ODDINO	OR DAYS			DALDIDITORDO		R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	5	OIC DIIID	14	\$	365.80	\$	26.13	.016		73.16	Ś	.43
DIAGNOSTIC AND ANC. PROCED	5		5	Ψ	237.25	۲	47.45	.006	Ψ	47.45	7	.28
EYE APPLIANCES	3		9		128.55		14.28	.011		42.85		.15
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0	Ψ	.00	۲	.00	.000	Ψ	.00	7	.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0	Ψ	.00	т	.00	.000	т	.00	т	.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		Ö		.00		.00	.000		.00		.00
OTHER	0		Ö		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ö	Ś	.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	1		4	Ś	62.92	\$	15.73	.005	\$	62.92	\$.07
NURSE MIDWIFE	0		Ō	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	75		364	\$	41,919.44	\$	115.16		\$	558.93	\$	49.14
HOSP INPATIENT TOTAL	5		27	т	31,862.02	т	1180.07	.032	7	6372.40	-	37.35
HSC HOSPITALS	4		25		31,862.02		1274.48	.029		7965.51		37.35
NON-HSC HOSPITAL TOTAL	1		2		.00		.00	.002		.00		.00
ACCOMMODATIONS	1		2		.00		.00	.002		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1		2		.00		.00	.002		.00		.00
ANCILLARIES	1		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		Ö		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	70		337		10,057.42		29.84	.395		143.68		11.79
MEDICAL	34		43		2,349.64		54.64	.050		69.11		2.75
SURGERY	5		8		546.08		68.26	.009		109.22		.64
PATHOLOGY	48		143		1,691.76		11.83	.168		35.25		1.98
RADIOLOGY	18		40		2,048.84		51.22	.047		113.82		2.40
ROOM USE	50		62		2,764.59		44.59	.073		55.29		3.24
CROSSOVERS/ALL OTH OUTPTNT	32		41		656.51		16.01	.048		20.52		.77
@COUNTY HOSPITAL TOTAL	0		0	\$	24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		0		24.05		.00	.000		.00		.03
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		3.89		.00	.000		.00		.00
PATHOLOGY	0		0		2.96		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00

01/17/03

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,703 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

COLUSA COUNTY

COLUSA COUNTY	SUMMARY OF SERV	TICES FOR 46 MEDICALLY	INDIGENT CHILDRE	IN	1401		O.T.
853 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			GE COST PER
000 ELIGIBLES	OSEKS	OR DAYS OF CARE	EVERNDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
ACOMMINITAL HOCDITAL HOTAL	75		41,895.39				
@COMMUNITY HOSPITAL TOTAL	75 5		•	\$ 115.10 1180.07	.427		·
COMM HOSP INPATIENT TOTAL	5	27 25	31,862.02		.032	6372.40	37.35
HSC HOSPITALS	1		31,862.02	1274.48	.029	7965.51	37.35
NON-HSC HOSPITALS TOTAL		2	.00	.00	.002	.00	.00
ACCOMMODATIONS	1	2	.00	.00	.002	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	-	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	2	.00	.00	.002	.00	.00
ANCILLARIES	1	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	70	337	10,033.37	29.77	.395	143.33	11.76
MEDICAL	34	43	2,349.64	54.64	.050	69.11	2.75
SURGERY	5	8	542.19	67.77	.009	108.44	.64
PATHOLOGY	48	143	1,688.80	11.81	.168	35.18	1.98
RADIOLOGY	18	40	2,048.84	51.22	.047	113.82	2.40
ROOM USE	50	62	2,764.59	44.59	.073	55.29	3.24
CROSSOVERS/ALL OTH OUTPINT		41	639.31	15.59	.048	19.98	.75
@STATE HOSPITAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0 \$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00		\$.00	
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	21	61 \$	1,388.65	\$ 22.76	.072		
PATHOLOGY	21	61	1,388.65	22.76	.072	66.13	1.63
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	109	169 \$	13,773.64	\$ 81.50	.198		
CLINIC	1	4	109.40	27.35	.005	109.40	.13
SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	108	165	13,664.24	82.81	.193	126.52	16.02
#CALIF DEPT OF HEALTH SERV		LES AND EXPENDITURES MO	•				PAGE 1,704
			NIH-OF-PAIMENT RE	FURT FUR JAN 2	ZUUZ THKU DI	EC ZUUZ	•
MOP024	FEE-FOR-SERVICE		TNDTCENE CUITODE	NT			01/17/03

SUMMARY OF SERVICES FOR 46 MEDICALLY INDIGENT CHILDREN

						MON	THLY AVERA	GE
853 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE	2		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	19	155	\$	2,893.53	\$ 18.67	.182	152.29	\$ 3.39
DURABLE MED. EQUIP.	1	2		119.15	59.58	.002	119.15	.14
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0		.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	109		851.06	7.81	.128	170.21	1.00
AMBULANCES/AIR TRANS	5	109		851.06	7.81	.128	170.21	1.00
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	0	0		.00	.00	.000	.00	.00
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0		.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	13		130.16	10.01	.015	21.69	.15
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	7	31		1,793.16	57.84	.036	256.17	2.10
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0		.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	121	\$	32,596.01	\$ 269.39	.142	3621.78	\$ 38.21

@XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,705 #CALIF DEPT OF HEALTH SERV MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

COLOSA COUNTI	SUMMARI OF SER	VICES FOR 4/ MIA -	NO SOC - AID PAID PE	ENDING AID CO		III V ATIEDA	FE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT	COST PER	COST PER
00 ELIGIBLES	OSEKS	OR DAYS OF CARE	EVEFUDIIOVE2	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 s	.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,706
MOP024	FEE-FOR-SERVICE/DENTAI	J					01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING COLUSA COUNTY AID CODE ----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS .000 0 .00 .00 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 .000 @TOTAL HOSPITAL .00 . 00 . 00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES INPATIENT CROSSOVERS .00 .00 .000 .00 .00 .00 .00 ALL OTHER INPATIENT .00 .000 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 @COUNTY HOSPITAL TOTAL .00 .000 .00 CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .00 .000 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 1,707
MOP024	FEE-FOR-SERVICE/DEN	TAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 47 MIA - N	NO SOC - AID PAID E	PENDING AID (CODE		
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MOP024	FEE-FOR-SERVIC								01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR 47 MIA	- NO	SOC - AID PAID PI	ENDING AII	CODE			
								ILY AVERAG	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		OST UNITS/DAY			COST PER
OCOMMUNITARY HOODITAL HORAL	0	OR DAYS OF CAR		0.0	- '	DAY PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00		Ş		\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00			.00	.00
HSC HOSPITALS	0	0		.00	.00			.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00			.00	.00
ACCOMMODATIONS	0	0		.00	.00			.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00			.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00			.00	.00
ALL OTHER ACCOM	0	0		.00	.00			.00	.00
ANCILLARIES	0	0		.00	.00			.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000		.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000		.00	.00
MEDICAL	0	0		.00	.00	.000		.00	.00
SURGERY	0	0		.00	.00	.000		.00	.00
PATHOLOGY	0	0		.00	.00	.000		.00	.00
RADIOLOGY	0	0		.00	.00	.000		.00	.00
ROOM USE	0	0		.00	.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000		.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0	·	.00	.00		·	.00	.00
DEVELOP. DISABLED	0	0		.00	.00			.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00		\$		\$.00
LEV A-INTERMEDIATE	0	0	'	.00	.00		'	.00	.00
LEV B-REHAB MD	0	0		.00	.00			.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00			.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00			.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00			.00	.00
LEV B-REGULAR	0	0		.00	.00			.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00		Ċ		\$.00
ICF DDH	0	0	٧	.00	.00		Y	.00	.00
ICF DD	0	0		.00	.00			.00	.00
	0	0		.00	.00				.00
ICF DDN/DDCN	0	0	ċ				ċ	.00	
@HEMODIALYSIS TOTAL	0		\$.00	\$.00		\$		\$.00
HOSPITAL BASED	0	0		.00	.00			.00	.00
HEMODIALYSIS CENTER	· ·	0		.00	.00			.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$		\$.00
HOSPITAL BASED	0	0		.00	.00			.00	.00
INDEPENDENT FACILITY	0	0		.00	.00			.00	.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$		\$.00
PATHOLOGY	0	0		.00	.00			.00	.00
XO AND OTHERS	0	0		.00	.00			.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00		\$		\$.00
CLINIC	0	0		.00	.00	.000		.00	.00

Ω .00 .00 .000 .00 .00 SURGICENTER 0 .00 HEROIN DETOX CLINIC 0 .00 .000 .00 .00 .00 .00 0 .000 .00 0 .00 RURAL HEALTH CLINIC #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,708 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

SUMMARY OF SERVICES FOR 47 MIA - NO SOC - AID PAID PENDING AID CODE

					MONT	HLY AVERAGE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00 \$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

COLUSA COUNTY

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,709
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 48 MIA - NO SOC - PREGNANT AID CODE

						MOI	NTHLY AVERA	GE
38 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	21	74	\$	4,417.84	\$ 59.70	1.947	\$ 210.37	\$ 116.26
@PHYSICIANS SERVICES	14	35	\$	1,213.40	\$ 34.67	.921	\$ 86.67	\$ 31.93
OUTPATIENT VISITS	2	3		187.81	62.60	.079	93.91	4.94
OFFICE VISITS	2	2		61.50	30.75	.053	30.75	1.62
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	. 026	126.31	3.32

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	5	282.42	56.48	.132	94.14	7.43
HOSPITAL VISITS	3	5	282.42	56.48	.132	94.14	7.43
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7	354.60	50.66	.184	354.60	9.33
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	3.35
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	227.24	32.46	.184	227.24	5.98
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	27.44	5.49	.132	9.15	.72
RADIOLOGY	9	14	307.73	21.98	.368	34.19	8.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	53.40	53.40	.026	53.40	1.41
@PHARMACY	6	15	\$ 388.02	\$ 25.87	.395	\$ 64.67	\$ 10.21
PRESCRIPTION DRUGS	3	10	157.74	15.77	.263	52.58	4.15
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	3	10	157.74	15.77	.263	52.58	4.15
MEDICAL SUPPLIES	3	5	230.28	46.06	.132	76.76	6.06
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	•					
MOP024	FEE-FOR-SERVICE/DEN		MONIH-OF-PAIMENT R	EPORI FOR JAN 2	ZUUZ IRKU DE(2002	PAGE 1,710 01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES		NO COC DECNAME	AID CO	ייחר		01/11/03
COLUSA COUNTI	SUMMARI OF SERVICES	FOR 40 MIA -	NO SOC - PREGNANT	AID CC	MON'	יטוע אזיביםא	CF
38 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
30 EDIGIDDES		DAYS OF CARE	EXFENDITORES	PER UNIT/DAY		USER	ELIGIBLE
@OPTOMETRIST	1	DAIS OF CARE 4 \$	90.30	\$ 22.58	.105 \$	90.30	-
DIAGNOSTIC AND ANC. PROCED	1	4	47.45	3 22.30 47.45	.026	47.45	1.25
EYE APPLIANCES	1	3	42.85	14.28	.026	42.85	1.13
	1	0					
OTHER OPTOMETRIC SERVICES	U	•	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	т т		\$.00	.000 \$.00	•
VISITS	U	0	.00	.00	.000	.00	.00
OTHER SERVICES	Ü	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	5	12 \$	2,443.07	\$ 203.59	.316 \$	488.61	
HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
ACCOMMODATIONS	1	1	255.20	255.20	.026	255.20	6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	6.72
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	40.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	17.36
MEDICAL	0	0	14.69	.00	.000	.00	.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.158	63.61	3.35
RADIOLOGY	4	5	297.22	59.44	.132	74.31	7.82
ROOM USE	0	0	107.94	.00	.000	.00	2.84
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00	2.96
OCCUMENT HOODIEST BOEST	0	0 6	0.0	ė oo	000 6	0.0	

@COUNTY HOSPITAL TOTAL

HSC HOSPITALS

ACCOMMODATIONS

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

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ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00	
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00	
ANCILLARIES	0	0	.00	.00	.000	.00	.00	
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00	
MEDICAL	0	0	.00	.00	.000	.00	.00	
SURGERY	0	0	.00	.00	.000	.00	.00	
PATHOLOGY	0	0	.00	.00	.000	.00	.00	
RADIOLOGY	0	0	.00	.00	.000	.00	.00	
ROOM USE	0	0	.00	.00	.000	.00	.00	
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MOI	NTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,711	
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03	
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 48 MIA - NO 9	SOC - PREGNANT	AID CO	DDE			
					MON	THLY AVERAG	E	
38 ELIGIBLES		OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
	OR DA	YS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	5	12 \$	2,443.07	\$ 203.59	.316 \$		\$ 64.29	
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93	
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00	

38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	12	\$ 2,443.07	\$ 203.59	.316	•	\$ 64.29
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
ACCOMMODATIONS	1	1	255.20	255.20	.026	255.20	6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	6.72
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	40.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	17.36
MEDICAL	0	0	14.69	.00	.000	.00	.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.158	63.61	3.35
RADIOLOGY	4	5	297.22	59.44	.132	74.31	7.82
ROOM USE	0	0	107.94	.00	.000	.00	2.84
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00	2.96
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000		\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00

INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	1	1	\$	15.79	\$	15.79	.026 \$	15.79	\$.42
PATHOLOGY	1	1		15.79		15.79	.026	15.79		.42
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	86.98	\$	86.98	.026 \$	86.98	\$	2.29
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	1	1		86.98		86.98	.026	86.98		2.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUR	ES MON'	TH-OF-PAYMENT F	REPORT	FOR JAN 2	2002 THRU DE	C 2002	P.	AGE 1,712
MOP024	FEE-FOR-SERVICE/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R 48 MIA -	- NO SO	OC - PREGNANT		AID CO	ODE			
							MON	ITHLY AVERA	GΕ	
38 ELIGIBLES	USERS UNITS O	OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
	OR DAY	S OF CARE			PEF	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	3	6	\$	180.28	\$	30.05	.158 \$	60.09	\$	4.74
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00

38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	,	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	6 \$	180.28	\$ 30.05	.158 \$	60.09	\$ 4.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.053	73.50	3.87
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.105	33.28	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	961.20CR	R \$ 961.20	.026CR\$.00	\$ 25.29CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	\$.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,713 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC

							M(JNT.	HLY AVERA	GE	
38 ELIGIBLES	USERS	UNITS OF SERVICE	2	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CAR	2		PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	21	74	\$	4,417.84	\$	59.70	1.947	\$	210.37	\$	116.26
@PHYSICIANS SERVICES	14	35	\$	1,213.40	\$	34.67	.921	\$	86.67	\$	31.93

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	2	3			187.81		62.60		.079		93.91		4.94
OFFICE VISITS	2	2			61.50		30.75		.053		30.75		1.62
HOME VISITS	0	0			.00		.00		.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00		.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00		.000		.00		.00
OB VISITS/COMPRE PERI	1	1			126.31		126.31		.026		126.31		3.32
OTHER OUTPATIENT	0	0			.00		.00		.000		.00		.00
INPATIENT VISITS	3	5			282.42		56.48		.132		94.14		7.43
HOSPITAL VISITS	3	5			282.42		56.48		.132		94.14		7.43
CRITICAL CARE	0	0			.00		.00		.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00		.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00		.000		.00		.00
EXAMINATIONS	0	0			.00		.00		.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00		.000		.00		.00
INPATIENT HOSPITAL SURGERY	1	7			354.60		50.66		.184		354.60		9.33
PRINCIPAL SURGEON	0	0			127.36		.00		.000		.00		3.35
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	1	7			227.24		32.46		.184		227.24		5.98
OUTPATIENT SURGERY	0	0			.00		.00		.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00		.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00		.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00		.000		.00		.00
DIALYSIS	0	0			.00		.00		.000		.00		.00
PATHOLOGY	3	5			27.44		5.49		.132		9.15		.72
RADIOLOGY	9	14			307.73		21.98		.368		34.19		8.10
PSYCHIATRY	0	0			.00		.00		.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00		.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1			53.40		53.40		.026		53.40		1.41
@PHARMACY	6	15	\$		388.02	\$	25.87		.395	Ś	64.67	Ś	10.21
PRESCRIPTION DRUGS	3	10	τ		157.74	т	15.77		.263	т	52.58	Τ.	4.15
SNF/ICF	0	0			.00		.00		.000		.00		.00
OUTPATIENTS	3	10			157.74		15.77		.263		52.58		4.15
MEDICAL SUPPLIES	3	5			230.28		46.06		.132		76.76		6.06
@DENTIST	0	0	Ś		.00	\$.00		.000	Ś	.00	Ś	.00
VISITS - DIAGNOSTIC	0	0	Y		.00	Y	.00		.000	Ÿ	.00	Y	.00
ORAL SURGERY	0	0			.00		.00		.000		.00		.00
DRUGS	0	0			.00		.00		.000		.00		.00
ANESTHESIA	0	0			.00		.00		.000		.00		.00
PERIODONTICS	0	0			.00		.00		.000		.00		.00
ENDODONTICS	0	0			.00		.00		.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00		.000		.00		.00
PROSTHETICS	0	0			.00		.00		.000		.00		.00
DENTURES, STAYPLATES	0	0			.00		.00		.000		.00		.00
SPACE MAINTAINERS	0	0			.00		.00		.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00		.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00		.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00		.000		.00		.00
	0	0			.00		.00		.000		.00		.00
ALL OTHER SERVICES #CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		DEC N	MONTHLOE, DA						DEC		D	
MOP024			VEO I	VIOINI II — OF — PA	TIMENI K	PLOKI	FOR JAN	2002	IUKU	חהר	2002	Ρ.	AGE 1,714 01/17/03
MOPUZ4 COLUSA COUNTY	FEE-FOR-SERVICE/DENTA SUMMARY OF SERVICES E		MT7	- NO SOC									01/1//03
COLIODA COUNTI	SOUTHART OF SERVICES E	ON 49 ALL	MITH	110 200					1	/∩NTT	ILY AVERA	CF	
									- Iv	J T NI OT	LLI AVEKA	ندی.	

----- MONTHLY AVERAGE -----38 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 90.30 \$ 22.58 .105 \$ 90.30 \$ 2.38 1 4 \$ @OPTOMETRIST 1 47.45 47.45 .026 47.45 DIAGNOSTIC AND ANC. PROCED 1.25

EYE APPLIANCES	1	3	42.85	14.28	.079	42.85	1.13
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5	12	\$ 2,443.07	\$ 203.59	.316	\$ 488.61	\$ 64.29
HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	1	1	1,783.45	1783.45	.026	1783.45	46.93
ACCOMMODATIONS	1	1	255.20	255.20	.026	255.20	6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	6.72
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	40.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	17.36
MEDICAL	0	0	14.69	.00	.000	.00	.39
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.158	63.61	3.35
RADIOLOGY	4	5	297.22	59.44	.132	74.31	7.82
ROOM USE	0	0	107.94	.00	.000	.00	2.84

CROSSOVERS/ALL OTH OUTPTNT	0	0		112.56	.00	.000	.00	2.96
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-	PAYMENT REF	PORT FOR JAN	2002 THRU I	DEC 2002	PAGE 1,715
MOP024	FEE-FOR-SERVICE/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO SOC					

					MC	NTHLY AVERA	.GE	
38 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST	PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIG:	
@COMMUNITY HOSPITAL TOTAL	5	12	\$	\$ 203.59	.316	\$ 488.61		4.29
COMM HOSP INPATIENT TOTAL	1	1	1,783.45	1783.45	.026	1783.45	4 (6.93
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1	1	1,783.45	1783.45		1783.45	4 (6.93
ACCOMMODATIONS	1	1		255.20		255.20	(6.72
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	1	1	255.20	255.20	.026	255.20	(6.72
ANCILLARIES	1	0	1,528.25	.00	.000	1528.25	4 (0.22
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	5	11	659.62	59.97	.289	131.92	1	7.36
MEDICAL	0	0	14.69	.00	.000	.00		.39
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	2	6	127.21	21.20	.158	63.61		3.35
RADIOLOGY	4	5	297.22	59.44	.132	74.31		7.82
ROOM USE	0	0	107.94	.00	.000	.00		2.84
CROSSOVERS/ALL OTH OUTPTNT	0	0	112.56	.00	.000	.00		2.96
@STATE HOSPITAL	0	0	\$	\$.00	.000		\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00		.000		Ş	.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	•	.000	•	Ş	.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.79	\$	15.79	.026	\$	15.79	\$.42
PATHOLOGY	1	1		15.79		15.79	.026		15.79		.42
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	86.98	\$	86.98	.026	\$	86.98	\$	2.29
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		86.98		86.98	.026		86.98		2.29
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITU	RES MONTH-	-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 1,716
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	49 ALL	MIA - NO	SOC							

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/02
COLUSA COUNTY SUMMARY OF SERVICES FOR 49 ALL MIA - NO SOC ------ MONTHLY AVERAGE -----
38 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE ALL OTHER PROVIDERS 3 6 \$ 180.28 \$ 30.05 .158 \$ 60.09 \$ 4.74 DURABLE MED. EQUIP. 0 0 .00 .00 .00 .00 .00 .00

	OR	DAYS OF CARE	1	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	3	6 \$	180.28	30.05	.158 \$	60.09	\$ 4.74
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	2	2	147.00	73.50	.053	73.50	3.87
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	1	4	33.28	8.32	.105	33.28	.88
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	1CR \$	961.20CR S	961.20	.026CR\$.00	\$ 25.29CR
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00	.00	.000 \$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

FEE-FOR-SERVICE/DENTAL

MOP024

01/17/03

COLUSA COUNTY	SUMMARY OF SERV	/ICES FOR 50 MIA - SOC	- LTC	AID CO	ODE		
0020011 0001111	001111111111111111111111111111111111111	1020 1011 00 11111 000	210	1112 0	MON'	THLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	7	237 \$	19,702.34	\$ 83.13	23.700 \$	2814.62	\$ 1970.23
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ASSISIANI SURGEON ANESTHESIOLOGIST	0	0					
	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY		-	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	6	28 \$	1,857.04	\$ 66.32	2.800 \$	309.51	\$ 185.70
PRESCRIPTION DRUGS	6	28	1,857.04	66.32	2.800	309.51	185.70
SNF/ICF	6	28	1,857.04	66.32	2.800	309.51	185.70
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	3	7 \$	1,040.00	\$ 148.57	.700 \$	346.67	\$ 104.00
VISITS - DIAGNOSTIC	2	4	95.00	23.75	.400	47.50	9.50
ORAL SURGERY	1	1	45.00	45.00	.100	45.00	4.50
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.200	900.00	90.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	CES AND EXPENDITURES MON					PAGE 1,718
MODO24	FEE FOR CERVICE						01/17/02

COLUSA COUNTY	SUMMARY OF SERV	ICES FOR	50 MIA	- SOC -	LTC	AID CO				~-	
40						 	Mo			GE.	
10 ELIGIBLES	USERS	UNITS OF			EXPENDITURES		UNITS/DAY:				COST PER
_	_	OR DAYS				NIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000	Ş	.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0		0		.00	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00	.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00	.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0		0		.00	.00	.000		.00		.00
OTHER SERVICES	0		0		.00	.00	.000		.00		.00
@PODIATRIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0		0		.00	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00	.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00	.00	.000		.00		.00
OTHER	0		0		.00	.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1		12	\$	72.54	\$ 6.05	1.200	\$	72.54	\$	7.25
HOSP INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1		12		72.54	6.05	1.200		72.54		7.25
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		0		.00	.00	.000		.00		.00
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1		12		72.54	6.05	1.200		72.54		7.25
@COUNTY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0		0		.00	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00	.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00	.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00	.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00	.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00	.00	.000		.00		.00
ANCILLARIES	0		0		.00	.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00	.00	.000		.00		.00
ALL OTHER INPATIENT	0		Ö		.00	.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0		Ö		.00	.00	.000		.00		.00
MEDICAL	0		0		.00	.00	.000		.00		.00
SURGERY	0		0		.00	.00	.000		.00		.00
PATHOLOGY	0		Ō		.00	.00	.000		.00		.00
RADIOLOGY	0		0		.00	.00	.000		.00		.00
ROOM USE	0		0		.00	.00	.000		.00		.00

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 50 MIA - SOC - LTC AID CODE

COLUSA COUNTI	SUMMARI OF SER	VICES FOR	JU MIA	- 500	- птс		AID CC	יטני				
								M	TNC	HLY AVERA	.GE	
10 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1		12	\$	72.54	\$	6.05	1.200	\$	72.54	\$	7.25
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1		12		72.54		6.05	1.200		72.54		7.25
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	1		12		72.54		6.05	1.200		72.54		7.25
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	7		163	\$	16,542.08	\$	101.49	16.300	\$	2363.15	\$	1654.21
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	163	1	6,542.08		101.49	16.300		2363.15		1654.21
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	13.00	\$.00	.000	\$.00	\$	1.30
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		13.00		.00	.000		.00		1.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-OF-	PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P.	AGE 1,720
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	50 MIA	- SOC - LTC			AID C	ODE				
										~-	

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 50 MIA - SOC - L	TC	AID CC	DE		
					MON'	THLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE E	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	27 \$	177.68	\$ 6.58	2.700 \$	88.84	\$ 17.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	42.90	1.79	2.400	42.90	4.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	2.400	42.90	4.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.300	67.39	13.48
PROSTHETICS	2	3	134.78	44.93	.300	67.39	13.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000 \$.00	\$.00

@XOVER EXCLUDING STATE HOSP** 5 37 \$ 1,535.99 \$ 41.51 3.700 \$ 307.20 \$ 153.60

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,721 FEE-FOR-SERVICE/DENTAL MOP024

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT COLUSA COUNTY AID CODE

					MONT	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	.00
@PHYSICIANS SERVICES	0	0 \$.00	\$.00	.000 \$.00	.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000 \$.00	.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00	
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00	
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00	
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00	
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 1,72	22
MOP024	FEE-FOR-SERVICE/DENTAI	L					01/17/0	03

AID CODE

SUMMARY OF SERVICES FOR 51 MIA - SOC - PREGNANT

COLUSA COUNTY

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 0 0 .00 \$.00 .000 \$.00 \$.00 @OPTOMETRIST 0 .00 .00 .000 .00 .00 DIAGNOSTIC AND ANC. PROCED EYE APPLIANCES 0 .00 .00 .000 .00 .00 .000 OTHER OPTOMETRIC SERVICES 0 .00 .00 .00 .00 .00 .00 \$.00 .000 \$.00 @CHIROPRACTOR VISITS .00 .00 .000 .00 .00 OTHER SERVICES 0 .00 .00 .000 .00 .00 .00 .00 .00 @PODIATRIST .000 .00 .00 .00 .000 .00 .00 MEDICINE/INJECTIONS 0 .00 .00 .000 .00 .00 SURGERY/ANES. RADIO./PATHOLOGY .00 . 00 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 @HOME HEALTH AGENCY .00 \$.00 .000 \$.00 Ś .00 NURSE ANESTHESIST .00 \$.00 .000 Ś .00 Ś .00 0 Ś .00 .000 Ś .00 Ś NURSE MIDWIFE .00 .00 .00 .00 .000 .00 .00 PEDIATRIC NURSE PRACTITIONER FAMILY NURSE PRACTITIONER .00 \$.00 .000 .00 Ś .00 @TOTAL HOSPITAL .00 . 00 .000 .00 . 00 HOSP INPATIENT TOTAL .00 . 00 .000 . 00 .00 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .00 NON-HSC HOSPITAL TOTAL .000 .00 ACCOMMODATIONS .00 .00 .000 .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .00 .00 .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .00 INPATIENT CROSSOVERS .000 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 SURGERY .00 .00 .000 .00 .00 PATHOLOGY .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 .00 . 00 .000 . 00 . 00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPINT 0 .00 .00 .000 .00 \$.00 @COUNTY HOSPITAL TOTAL CO HOSPITAL INPATIENT TOTAL .00 .00 .000 .00 .00 .000 HSC HOSPITALS .00 .00 .00 .00 NON-HSC HOSPITALS TOTAL .00 .00 .000 .00 .00 .00 .00 .00 ACCOMMODATIONS .000 .00 .00 .00 .00 ADMINISTRATIVE DAYS .000 .00 .00 .00 .00 TRANSITIONAL IP CARE .000 .00 .00 .00 .000 .00 .00 ALL OTHER ACCOM ANCILLARIES .00 .00 .000 .00 .00 .000 INPATIENT CROSSOVERS .00 .00 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00

CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN 2	2002 THRU DEC	2002	PAGE 1,723
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	5 FOR 51 MIA - 3	SOC - PREGNANT	AID CO	DDE		

MOP024	FEE-FOR-SERVIC										01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR	51 MIA -	- SOC	- PREGNANT		AID CO				
								MO	TINC	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVEF	RAGE COST	UNITS/DAYS	5 (COST PER	COST PER
		OR DAYS	OF CARE				- ,	PER ELIG		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
COMM HOSP INPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00	.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00	.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00	.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00	.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00	.00
ANCILLARIES	0		0		.00		.00	.000		.00	.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00	.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00	.00
COMM HOSP OUTPATIENT TOTAL	0		0		.00		.00	.000		.00	.00
MEDICAL	0		0		.00		.00	.000		.00	.00
SURGERY	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
ROOM USE	0		0		.00		.00	.000		.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0		0		.00		.00	.000		.00	.00
@STATE HOSPITAL	0		0	\$.00	\$.00		\$		\$.00
-	0		0	Ą	.00	Ş	.00	.000	Ą	.00	.00
MENTALLY ILL	0		0								
DEVELOP. DISABLED	0		0	\$.00	Ś	.00	.000	ċ	.00	.00
@NURSING FACILITY	0		-	P	.00	Ş	.00	.000	\$		\$.00
LEV A-INTERMEDIATE	0		0		.00		.00	.000		.00	.00
LEV B-REHAB MD	•		0		.00		.00	.000		.00	.00
LEV B-SUBACUTE FREESTANDING			0		.00		.00	.000		.00	.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00	.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00	.00
LEV B-REGULAR	0		0		.00		.00	.000		.00	.00
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$		\$.00
ICF DDH	0		0		.00		.00	.000		.00	.00
ICF DD	0		0		.00		.00	.000		.00	.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00	.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00	.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00	.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00	.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00	.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
XO AND OTHERS	0		0		.00		.00	.000		.00	.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00	.00

SURGICENTER	0	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES M	MONTH-OF-PAYMENT REPORT	FOR JAN 2002	THRU DEC	2002	PAGE 1,724
MOP024	FEE-FOR-SERVICE/DENTAL	J					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	OR 51 MIA - SC	OC - PREGNANT	AID CODE			

					MON	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\emptyset^{\star}}$ Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,725 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 52 AL	L MIA	- SOC								01/1//0
								M	ONT	HLY AVERA	GE	
10 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPE	NDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS OF CA	RE			PER		PER ELIG		USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	7	237	\$	1	9,702.34	\$	83.13	23.700			\$	1970.23
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0			.00		.00	.000		.00		.00
OFFICE VISITS	0	0			.00		.00	.000		.00		.00
HOME VISITS	0	0			.00		.00	.000		.00		.00
EMERGENCY ROOM	0	0			.00		.00	.000		.00		.00
PREVENTIVE CARE	0	0			.00		.00	.000		.00		.00
OB VISITS/COMPRE PERI	0	0			.00		.00	.000		.00		.00
OTHER OUTPATIENT	0	0			.00		.00	.000		.00		.00
INPATIENT VISITS	0	0			.00		.00	.000		.00		.00
HOSPITAL VISITS	0	0			.00		.00	.000		.00		.00
CRITICAL CARE	0	0			.00		.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0			.00		.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0			.00		.00	.000		.00		.00
EXAMINATIONS	0	0			.00		.00	.000		.00		.00
SERVICES AND MATERIALS	0	0			.00		.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0			.00		.00	.000		.00		.00
@PHARMACY	6	28	\$		1,857.04	\$	66.32	2.800	Ş	309.51	Ş	185.70
PRESCRIPTION DRUGS	6	28			1,857.04		66.32	2.800		309.51		185.70
SNF/ICF	6	28			1,857.04		66.32	2.800		309.51		185.70
OUTPATIENTS	0	0			.00		.00	.000		.00		.00
MEDICAL SUPPLIES	0	0	<u> </u>		.00	<u> </u>	.00	.000	<u> </u>	.00	<u> </u>	.00
@DENTIST	3	7	\$		1,040.00	\$	148.57	.700	Ş	346.67	Ş	104.00
VISITS - DIAGNOSTIC	2	4			95.00		23.75	.400		47.50		9.50
ORAL SURGERY	1	1			45.00		45.00	.100		45.00		4.50
DRUGS	0	0			.00		.00	.000		.00		.00
ANESTHESIA	0	0			.00		.00	.000		.00		.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.200	900.00	90.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 1,726
MOP024	FEE-FOR-SERVICE/DENTAL	ı					01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 52 ALL MIA - SOC COLUSA COUNTY

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 52 ALL	MIA -	- SOC							
							MO	TNC	HLY AVERA	GΕ	
10 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES			UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE	C		PEF	R UNIT/DAY			USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	1	12	\$	72.54	\$	6.05	1.200	\$	72.54	\$	7.25
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	1	12		72.54		6.05	1.200		72.54		7.25
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1	12		72.54		6.05	1.200		72.54		7.25
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REPO	RT FOR JAN	2002 THRU DE	C 2002	PAGE 1,727
MOP024	FEE-FOR-SERVICE/DEN	ITAL					01/17/03
COTTON CONTENT							

COLUSA COUNTY SUMMARY OF SERVICES FOR 52 ALL MIA - SOC

COLOSA COUNTI	SUMMARI OF SER	VICES FOR	JZ ALL	MIA -	- 50C			M		HLY AVERA	CF	
10 ELIGIBLES	USERS	UNITS OF	SEBVICE		EXPENDITURES	Z 7.7 E	ERAGE COST			COST PER	-	COST PER
10 EHIGIDHES	ODENS	OR DAYS	-		EXTENDITORES		R UNIT/DAY	PER ELIG	0	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	1	OK DAID	12	\$	72.54	\$	6.05	1.200	Ś	72.54		7.25
COMM HOSP INPATIENT TOTAL	0		0	4	.00	4	.00	.000	т.	.00	т.	.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0		0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0		0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	1		12		72.54		6.05	1.200		72.54		7.25
MEDICAL	0		0		.00		.00	.000		.00		.00
SURGERY	0		0		.00		.00	.000		.00		.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
RADIOLOGY	0		0		.00		.00	.000		.00		.00
ROOM USE	0		0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	1		12		72.54		6.05	1.200		72.54		7.25
@STATE HOSPITAL	0		0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0		0	т	.00	т	.00	.000	Τ.	.00	Τ.	.00
DEVELOP. DISABLED	0		0		.00		.00	.000		.00		.00
@NURSING FACILITY	7		163	\$	16,542.08	Ś	101.49		\$	2363.15	\$	1654.21
LEV A-INTERMEDIATE	0		0	т	.00	4	.00	.000	-	.00	т.	.00
LEV B-REHAB MD	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
LEV B-REGULAR	7		163		16,542.08		101.49	16.300		2363.15		1654.21
@INTERMEDIATE CARE FACILDD	0		0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0		0		.00		.00	.000		.00		.00
ICF DD	0		0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0		0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00

INDEPENDENT FACILITY	0	0	.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0	.00		.00	.000	.00		.00
XO AND OTHERS	0	0	.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	13.00	\$.00	.000	\$.00	\$	1.30
CLINIC	0	0	.00		.00	.000	.00		.00
SURGICENTER	0	0	.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0	.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0	13.00		.00	.000	.00		1.30
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT	REPORT	FOR JAN	2002 THRU	DEC 2002	PF	AGE 1,728
MOP024	FEE-FOR-SERVICE/DEN	TAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 52 ALL MIA	A - SOC						

----- MONTHLY AVERAGE -----

					===== MO	NTHLI AVERAG	E
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	2	27 \$	177.68	\$ 6.58	2.700	\$ 88.84	\$ 17.77
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	1	24	42.90	1.79	2.400	42.90	4.29
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	24	42.90	1.79	2.400	42.90	4.29
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	2	3	134.78	44.93	.300	67.39	13.48
PROSTHETICS	2	3	134.78	44.93	.300	67.39	13.48
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	5	37 \$	1,535.99	\$ 41.51	3.700	\$ 307.20	\$ 153.60

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,729 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 53 FOR FUTURE USE

							MO	NTHLY AVERA	1GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CARE	3		PER	UNIT/DAY	PER ELIG	USER		ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00

MEDICAL SUPPLIES	0	0		.00		.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00		.00	.000	.00	.00
ORAL SURGERY	0	0		.00		.00	.000	.00	.00
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	0	0		.00		.00	.000	.00	.00
PERIODONTICS	0	0		.00		.00	.000	.00	.00
ENDODONTICS	0	0		.00		.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000	.00	.00
PROSTHETICS	0	0		.00		.00	.000	.00	.00
DENTURES, STAYPLATES	0	0		.00		.00	.000	.00	.00
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000	.00	.00
ALL OTHER SERVICES	0	0		.00		.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	EXPENDITUF	RES MONTH-OF	-PAYMENT RE	EPORT FOR	JAN 2	2002 THRU DEC	2002	PAGE 1,730
MOP024	FEE-FOR-SERVICE/DENTAL								01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR	FUTURE USE						

----- MONTHLY AVERAGE -----00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 0 0 Ś .00 Ś .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .000 .00 .00 0 .00 .00 .000 .00 EYE APPLIANCES 0 .00 OTHER OPTOMETRIC SERVICES 0 .00 .00 .000 .00 .00 @CHIROPRACTOR 0 .00 .00 .000 \$.00 \$.00 .00 .00 VISITS .00 .00 .000 OTHER SERVICES .00 .00 .000 .00 .00 0 .00 .00 .000 \$.00 \$.00 @PODIATRIST Ω .00 .00 .00 MEDICINE/INJECTIONS .000 .00 SURGERY/ANES. .00 .00 .000 .00 .00 0 .000 RADIO./PATHOLOGY .00 .00 .00 .00 0 OTHER .00 .00 .000 .00 .00 @HOME HEALTH AGENCY 0 .00 \$.00 .000 .00 \$.00 .000 .00 Ω .00 \$.00 \$.00 NURSE ANESTHESIST \$.00 .00 .000 .00 NURSE MIDWIFE .00 PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 .00 \$.00 .000 FAMILY NURSE PRACTITIONER .00 .00 .00 .00 @TOTAL HOSPITAL .00 .00 .000 .00 \$.00 HOSP INPATIENT TOTAL 0 .00 .00 .000 .00 .00 HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00 ACCOMMODATIONS .00 . 00 .000 . 00 . 00 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 TRANSITIONAL IP CARE .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES .00 .00 .000 .00 .00 INPATIENT CROSSOVERS .00 .00 .00 .00 .000 .00 .00 .00 ALL OTHER INPATIENT .000 .00 .00 .00 .00 .00 HOSP OUTPATIENT TOTAL .000 .00 .00 .00 .00 MEDICAL .000 .00 .00 .00 .000 .00 SURGERY PATHOLOGY 0 .00 .00 .000 .00 .00 RADIOLOGY .00 .00 .000 .00 .00 ROOM USE .00 .00 .000 .00 .00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DEC	2002	PAGE 1,731
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 53 FOR FU	TURE USE				
					MONTH	HLY AVERAGE	

00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
MEDICAL	0	0	.00	.00	.000	.00		.00
SURGERY	0	0	.00	.00	.000	.00		.00
PATHOLOGY	0	0	.00	.00	.000	.00		.00
RADIOLOGY	0	0	.00	.00	.000	.00		.00
ROOM USE	0	0	.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0	.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
LEV B-REGULAR	0	0	.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00		.00
ICF DD	0	0	.00	.00	.000	.00		.00

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND B	EXPENDITURE	ES MONTH-OF-PAY	MENT RE	EPORT	FOR JAN 2	2002 THRU	DEC 2002		PAGE	1,732
MOP024	FEE-FOR-SERVICE/DENTAL									01	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R 53 FOR E	FUTURE USE								

00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @ALL OTHER PROVIDERS 0 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .000 HEARING AID DISPENSERS .00 .00 .00 .00 .00 .000 .00 .00 MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .00 .000 .00 .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR GENETIC DISEASE TESTING .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN .00 .00 .000 .00 .00 PHYSICAL THERAPIST .00 .000 .00 .00 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 PROSTHETIST/ORTHOTISTS .00 .00 .000 .00 .00 PROSTHETICS .00 .00 .000 .00 .00 ORTHOTICS .00 .00 .000 .00 .00 PSYCHOLOGIST .00 .00 .000 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00 .00 .00 .000 .00 LOCAL EDUCATION AGENCIES EPSDT SUPPLEMENTAL SERVICE .00 .00 .000 .00 .00 RESPIRATORY CARE PRACT. .00 .00 .000 .00 .00 PED SUBACUTE REHAB/WEANING .00 .00 .00 .00 .000 ALL OTHER PROVIDERS .00 .00 .00 .000 .00 @CALIF. CHILDREN SERVICES* .00 \$.00 .000 \$.00 \$.00 @XOVER EXCLUDING STATE HOSP** 0 .00 \$.00 .000 \$.00 \$.00

----- MONTHLY AVERAGE -----

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

MOP024

					MONT	HLY AVERA	GE
48 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	28	311 \$	24,120.18	\$ 77.56	6.479 \$	861.44	\$ 502.50
@PHYSICIANS SERVICES	14	35 \$	1,213.40	\$ 34.67	.729 \$	86.67	\$ 25.28
OUTPATIENT VISITS	2	3	187.81	62.60	.063	93.91	3.91
OFFICE VISITS	2	2	61.50	30.75	.042	30.75	1.28
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.021	126.31	2.63
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	3	5	282.42	56.48	.104	94.14	5.88
HOSPITAL VISITS	3	5	282.42	56.48	.104	94.14	5.88
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	7	354.60	50.66	.146	354.60	7.39
PRINCIPAL SURGEON	0	0	127.36	.00	.000	.00	2.65
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	7	227.24	32.46	.146	227.24	4.73
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	5	27.44	5.49	.104	9.15	.57
RADIOLOGY	9	14	307.73	21.98	.292	34.19	6.41
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	1	1	53.40	53.40	.021	53.40	1.11
@PHARMACY	12	43 \$	2,245.06	\$ 52.21	.896 \$	187.09	
PRESCRIPTION DRUGS	9	38	2,014.78	53.02	.792	223.86	41.97
SNF/ICF	6	28	1,857.04	66.32	.583	309.51	38.69
OUTPATIENTS	3	10	157.74	15.77	.208	52.58	3.29
MEDICAL SUPPLIES	3	5	230.28	46.06	.104	76.76	4.80
@DENTIST	3	7 \$	1,040.00	\$ 148.57	.146 \$	346.67	
VISITS - DIAGNOSTIC	2	4	95.00	23.75	.083	47.50	1.98
ORAL SURGERY	1	1	45.00	45.00	.021	45.00	.94
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	Ő	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	1	2	900.00	450.00	.042	900.00	18.75
SPACE MAINTAINERS	Û	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MOD					PAGE 1,734
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01/17/03

FEE-FOR-SERVICE/DENTAL

48 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AV	ERAGE COST	UNITS/DAY	S	COST PER	01	COST PER
		OR DAYS OF CAR	E		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	1	4	\$	90.30	\$	22.58	.083	\$	90.30	\$	1.88
DIAGNOSTIC AND ANC. PROCED	1	1		47.45		47.45	.021		47.45		.99
EYE APPLIANCES	1	3		42.85		14.28	.063		42.85		.89
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	6	24	\$	2,515.61	\$	104.82	.500	\$	419.27	\$	52.41
HOSP INPATIENT TOTAL	1	1		1,783.45		1783.45	.021		1783.45		37.16
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	1	1		1,783.45		1783.45	.021		1783.45		37.16
ACCOMMODATIONS	1	1		255.20		255.20	.021		255.20		5.32
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	1	1		255.20		255.20	.021		255.20		5.32
ANCILLARIES	1	0		1,528.25		.00	.000		1528.25		31.84
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

----- MONTHLY AVERAGE -----

HOSP OUTPATIENT TOTAL	6	23	732.16	31.83	.479	122.03	15.25
MEDICAL	0	0	14.69	.00	.000	.00	.31
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	6	127.21	21.20	.125	63.61	2.65
RADIOLOGY	4	5	297.22	59.44	.104	74.31	6.19
ROOM USE	0	0	107.94	.00	.000	.00	2.25
CROSSOVERS/ALL OTH OUTPINT	1	12	185.10	15.43	.250	185.10	3.86
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITURES MON	NTH-OF-PAYMENT REP	ORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 1,735
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	54 MEDICALLY	INDIGENT ADULTS				

COLODA COUNTI	DOMMANT OF DER	VICED FOR	O- HIDDI	СИППІ	INDIGENI ADOLIS					
							MC	NTHLY AVER	AGE	
48 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURES	AVERAGE COST		COST PER		COST PER
		OR DAYS	OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6		24	\$	2,515.61	\$ 104.82	.500	\$ 419.27	\$	52.41
COMM HOSP INPATIENT TOTAL	1		1		1,783.45	1783.45	.021	1783.45		37.16
HSC HOSPITALS	0		0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	1		1		1,783.45	1783.45	.021	1783.45		37.16
ACCOMMODATIONS	1		1		255.20	255.20	.021	255.20		5.32
ADMINISTRATIVE DAYS	0		0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0		0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	1		1		255.20	255.20	.021	255.20		5.32
ANCILLARIES	1		0		1,528.25	.00	.000	1528.25		31.84
INPATIENT CROSSOVERS	0		0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0		0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	6		23		732.16	31.83	.479	122.03		15.25
MEDICAL	0		0		14.69	.00	.000	.00		.31
SURGERY	0		0		.00	.00	.000	.00		.00
PATHOLOGY	2		6		127.21	21.20	.125	63.61		2.65
RADIOLOGY	4		5		297.22	59.44	.104	74.31		6.19
ROOM USE	0		0		107.94	.00	.000	.00		2.25
CROSSOVERS/ALL OTH OUTPTNT	1		12		185.10	15.43	.250	185.10		3.86
@STATE HOSPITAL	0		0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0		0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0		0		.00	.00	.000	.00		.00
@NURSING FACILITY	7		163	\$	16,542.08	\$ 101.49	3.396	\$ 2363.15	\$	344.63
LEV A-INTERMEDIATE	0		0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.00	.00	.000	.00		.00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	163		16,542.08		101.49	3.396		2363.15		344.63
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1	1	\$	15.79	\$	15.79	.021	\$	15.79	\$.33
PATHOLOGY	1	1		15.79		15.79	.021		15.79		.33
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	1	1	\$	99.98	\$	99.98	.021	\$	99.98	\$	2.08
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1	1		99.98		99.98	.021		99.98		2.08
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MO	NTH-OF-PAYMENT REI	PORT	FOR JAN 2002	2 THRU	DEC	2002	PA	GE 1,736
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	54 MED	ICALLY	INDIGENT ADULTS							

----- MONTHLY AVERAGE -----48 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 7.46 @ALL OTHER PROVIDERS 33 357.96 10.85 .688 \$ 71.59 \$.00 .000 .00 DURABLE MED. EQUIP. .00 .00 BLOOD BANK 0 .00 .00 .000 .00 .00 HEARING AID DISPENSERS 0 .00 .00 .00 .000 .00 24 42.90 1.79 42.90 MEDICAL TRANSPORTATION .500 .89 .00 .00 AMBULANCES/AIR TRANS .00 .000 .00 0 .00 .00 .00 .00 OTHER TRANS .000 24 42.90 1.79 OTHER SERVICES .500 42.90 .89 .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR 147.00 73.50 73.50 GENETIC DISEASE TESTING .042 3.06 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .000 .00 .00 OCCUPATIONAL THERAPIST .00 .00 .000 .00 .00 OPTICIAN 33.28 8.32 .083 33.28 .69 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 PROSTHETIST/ORTHOTISTS 134.78 44.93 .063 67.39 2.81 44.93 PROSTHETICS 134.78 .063 67.39 2.81 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 PSYCHOLOGIST .00 .00 .00 SPEECH AND AUDIOLOGY .00 .00 .000 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 .00 .00 .00 .00 NONINST BIRTHING CENTERS .000 .00 .00 .000 .00 .00 LOCAL EDUCATION AGENCIES .00 .000 .00 .00 .00 EPSDT SUPPLEMENTAL SERVICE .00 .00 .00 .000 .00 RESPIRATORY CARE PRACT. PED SUBACUTE REHAB/WEANING .00 .00 .000 .00 .00 ALL OTHER PROVIDERS .00 .00 .000 .00 .00 @CALIF. CHILDREN SERVICES* 961.20CR \$ 961.20 .021CR\$.00 \$ 20.03CR @XOVER EXCLUDING STATE HOSP** 5 37 \$ 1,535.99 \$ 41.51 .771 \$ 307.20 \$ 32.00

PAGE 1,737

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

COLOSA COUNTI	SUMMARI OF SERV	VICES FOR 33 ALL AGED			MONT		T.
4,283 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON'		COST PER
4,203 ELIGIBLES	ODERO	OR DAYS OF CARE	EVLENDIIOVES	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	3,374	45,575 \$	2,495,551.37	\$ 54.76	10.641 \$	739.64	
@PHYSICIANS SERVICES	538	1,443 \$		\$ 17.33	.337 \$		
OUTPATIENT VISITS	27	38	1,293.33	34.04	.009	47.90	.30
OFFICE VISITS	20	29	854.22	29.46	.009	42.71	.20
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	4	4	329.11	82.28	.001	82.28	.08
PREVENTIVE CARE	4	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	4	5	110.00	22.00	.001	27.50	.03
INPATIENT VISITS	2	7	216.16	54.04	.001	108.08	.05
HOSPITAL VISITS	2	4	216.16	54.04	.001	108.08	.05
CRITICAL CARE	2	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
	5	7	269.34	38.48	.002	53.87	.06
OPHTHALMOLOGICAL SERVICES	5 5	7	269.34	38.48	.002	53.87	.06
EXAMINATIONS	5	0			.002	.00	.00
SERVICES AND MATERIALS	0	0	.00 420.30	.00	.000	.00	.10
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00			.00	
ASSISTANT SURGEON	0	0		.00	.000		.00
ANESTHESIOLOGIST OUTPATIENT SURGERY	0	18	420.30 2,778.49	.00 154.36	.000	.00 396.93	.10 .65
	6	6	2,776.49	426.10	.004	426.10	
PRINCIPAL SURGEON	0	0	•		.000	.00	.60
ASSISTANT SURGEON	0	12	.00 221.91	.00			.00
ANESTHESIOLOGIST DIALYSIS	0	0	.00	18.49	.003	110.96 .00	.05
	3	4	20.78	5.20	.001	6.93	
PATHOLOGY	16		645.93			40.37	.00
RADIOLOGY	1.0	23		28.08	.005	.00	.15
PSYCHIATRY IMMUNIZATION AND INJECTION	4	6	.00 46.58	7.76	.001	11.65	.00 .01
	510	1,343					
OTHER SERVICES/ALL X-OVERS	2,865		19,311.04 739,381.31	14.38 \$ 39.95	.314 4.321 \$	37.86	4.51
@PHARMACY	2,865 2,815	18,506 \$ 11,083	715,715.95	\$ 39.95 64.58	2.588	258.07 254.25	\$ 172.63 167.11
PRESCRIPTION DRUGS SNF/ICF	2,815 497	3,083	163,533.95	53.04	.720	329.04	38.18
	2,323	8,000	552,182.00	69.02	1.868	237.70	128.92
OUTPATIENTS	2,323 195	7,423	23,665.36	3.19	1.733	121.36	5.53
MEDICAL SUPPLIES @DENTIST	105	312 \$	18,217.03	\$ 58.39	.073 \$		\$ 4.25
VISITS - DIAGNOSTIC	80	205	3,469.00	16.92	.073 \$	43.36	.81
ORAL SURGERY	14	37	1,893.03	51.16	.009	135.22	.44
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	100.00	.00	.000	.00	.00
	2	2	110.00	55.00	.000	55.00	.02
PERIODONTICS ENDODONTICS	3	3	920.00	306.67	.001	306.67	.03
RESTORATIVE DENTISTRY	3 17	34	3,250.00	95.59	.001	191.18	.76
PROSTHETICS	1 /	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	16	31	8,475.00	273.39	.007	529.69	1.98
SPACE MAINTAINERS	0	0	.00	.00	.007	.00	.00
STACE MAINIAINERS	U	U	.00	.00	.000	.00	.00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN 2	2002 THRU DEC	2002	PAGE 1,738
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR 55 ALL AG	ED				

COLOGA COUNTI	SOMMAN OF SER	VICES FOR 55 ALL	AGED		MONTHLY AVERAGE					
4,283 ELIGIBLES	USERS	UNITS OF SERVICE	C.	EXPENDITURES	AV	ERAGE COST		COST PER		COST PER
,		OR DAYS OF CARE	C		PΕ	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@OPTOMETRIST	74	166	\$	3,170.82	\$	19.10	.039	\$ 42.85	\$.74
DIAGNOSTIC AND ANC. PROCED	21	21		905.84		43.14	.005	43.14		.21
EYE APPLIANCES	55	138		2,197.21		15.92	.032	39.95		.51
OTHER OPTOMETRIC SERVICES	3	7		67.77		9.68	.002	22.59		.02
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
@PODIATRIST	145	175	\$	1,706.60	\$	9.75	.041	\$ 11.77	\$.40
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00		.00
SURGERY/ANES.	0	0		.00		.00	.000	.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00		.00
OTHER	145	175		1,706.60		9.75	.041	11.77		.40
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	3	16	\$	198.13	\$	12.38	.004	\$ 66.04	\$.05
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	614	2,497	\$	103,627.62	\$	41.50	.583	\$ 168.77	\$	24.20
HOSP INPATIENT TOTAL	60	306		72,144.94		235.77	.071	1202.42		16.84
HSC HOSPITALS	1	2		1,773.89		886.95	.000	1773.89		.41
NON-HSC HOSPITAL TOTAL	5	29		30,342.74		1046.30	.007	6068.55		7.08
ACCOMMODATIONS	4	29		14,978.61		516.50	.007	3744.65		3.50
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	4	29		14,978.61		516.50	.007	3744.65		3.50
ANCILLARIES	5	0		15,364.13		.00	.000	3072.83		3.59
INPATIENT CROSSOVERS	54	275		40,028.31		145.56	.064	741.27		9.35
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	577	2,191		31,482.68		14.37	.512	54.56		7.35
MEDICAL	12	24		1,069.97		44.58	.006	89.16		.25
SURGERY	3	4		331.55		82.89	.001	110.52		.08
PATHOLOGY	17	54		746.27		13.82	.013	43.90		.17
RADIOLOGY	10	15		972.89		64.86	.004	97.29		.23
ROOM USE	14	20		948.48		47.42	.005	67.75		.22
CROSSOVERS/ALL OTH OUTPTNI		2,074		27,413.52		13.22	.484	49.48		6.40
@COUNTY HOSPITAL TOTAL	1	2	\$	1,773.89	\$	886.95		\$ 	\$.41
CO HOSPITAL INPATIENT TOTAL		2		1,773.89		886.95	.000	1773.89		.41
HSC HOSPITALS	1	2		1,773.89		886.95	.000	1773.89		.41
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00		.00
ANCILLARIES	0	0		.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00		.00

CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIO	CES AND EXPENDITURE	ES MO	ONTH-OF-PAYMENT F	REPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,739
MOP024	FEE-FOR-SERVICE	E/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 55 ALL A	AGED					
						MON	ITHLY AVERA	GE
4,283 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	613	2,495	\$	101,853.73	\$ 40.82	.583 \$	166.16	\$ 23.78
COMM HOSP INPATIENT TOTAL	59	304		70,371.05	231.48	.071	1192.73	16.43
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	5	29		30,342.74	1046.30	.007	6068.55	7.08
ACCOMMODATIONS	4	29		14,978.61		.007	3744.65	3.50
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	4	29		14,978.61	516.50	.007	3744.65	3.50
ANCILLARIES	5	0		15,364.13	.00	.000	3072.83	3.59
INPATIENT CROSSOVERS	54	275		40,028.31	145.56	.064	741.27	9.35
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	577	2 , 191		31,482.68	14.37	.512	54.56	7.35
MEDICAL	12	24		1,069.97		.006	89.16	.25
SURGERY	3	4		331.55	82.89	.001	110.52	.08
PATHOLOGY	17	54		746.27	13.82	.013	43.90	.17
RADIOLOGY	10	15		972.89	64.86	.004	97.29	.23
ROOM USE	14	20		948.48	47.42	.005	67.75	.22
CROSSOVERS/ALL OTH OUTPTNT		2,074		27,413.52	13.22	.484	49.48	6.40
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	509	15,271	\$	1,485,730.08	\$	97.29	3.565	\$	2918.92	\$	346.89
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	38	1,151		120,100.69		104.34	.269		3160.54		28.04
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	471	14,120		1,365,629.39		96.72	3.297		2899.43		318.85
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	28	41	\$	17,096.71	\$	416.99	.010	\$	610.60	\$	3.99
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	28	41		17,096.71		416.99	.010		610.60		3.99
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	32	\$	390.14	\$	12.19	.007	\$	21.67	\$.09
PATHOLOGY	11	23		311.11		13.53	.005		28.28		.07
XO AND OTHERS	7	9		79.03		8.78	.002		11.29		.02
@ORGANIZED OUTPATIENT CLINIC	435	666	\$	33,308.36	\$	50.01	.155	\$	76.57	\$	7.78
CLINIC	5	9		316.94		35.22	.002		63.39		.07
SURGICENTER	6	10		1,271.90		127.19	.002		211.98		.30
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	426	647		31,719.52		49.03	.151		74.46		7.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	IONTH-OF-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	PA	AGE 1,740
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

COLODA COONII	SOPPART OF SER	VICES FOR 33 ALL AGED					~=
					MON		-
4,283 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	451	6 , 450 \$	67 , 722.62	\$ 10.50	1.506		•
DURABLE MED. EQUIP.	27	68	22,587.13	332.16	.016	836.56	5.27
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	14	21	6,030.42	287.16	.005	430.74	1.41
MEDICAL TRANSPORTATION	86	3,400	14,357.78	4.22	.794	166.95	3.35
AMBULANCES/AIR TRANS	1	3	137.96	45.99	.001	137.96	.03
OTHER TRANS	35	2,514	9,775.05	3.89	.587	279.29	2.28
OTHER SERVICES	52	883	4,444.77	5.03	.206	85.48	1.04
ACUPUNCTURE	1	2	43.25	21.63	.000	43.25	.01
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	4	38	1,705.00	44.87	.009	426.25	.40
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	70	161	2,202.51	13.68	.038	31.46	.51
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	1	2	3.09	1.55	.000	3.09	.00
PROSTHETIST/ORTHOTISTS	8	15	452.97	30.20	.004	56.62	.11
PROSTHETICS	8	15	452.97	30.20	.004	56.62	.11
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	8	14	748.61	53.47	.003	93.58	.17
HOSPICE SERVICES	1	1	300.80	300.80	.000	300.80	.07
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

COLUSA COUNTY SUMMARY OF SERVICES FOR 55 ALL AGED

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	248	2,728	19,291.06	7.07	.637	77.79	4.50
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	1,343	6,935	\$ 146,334.85	\$ 21.10	1.619	\$ 108.96	\$ 34.17

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,741 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 56 ALL BLIND					
					MON	THLY AVERAGE	E
181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	138	5 , 341 \$	76,486.66	\$ 14.32	29.508 \$		
@PHYSICIANS SERVICES	49	146 \$	6,329.20	\$ 43.35	.807 \$		\$ 34.97
OUTPATIENT VISITS	22	36	1,202.65	33.41	.199	54.67	6.64
OFFICE VISITS	20	25	828.04	33.12	.138	41.40	4.57
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	3	4	249.65	62.41	.022	83.22	1.38
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	6	7	124.96	17.85	.039	20.83	.69
INPATIENT VISITS	4	7	428.90	61.27	.039	107.23	2.37
HOSPITAL VISITS	3	5	248.40	49.68	.028	82.80	1.37
CRITICAL CARE	1	2	180.50	90.25	.011	180.50	1.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	4	5	221.03	44.21	.028	55.26	1.22
EXAMINATIONS	4	5	221.03	44.21	.028	55.26	1.22
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	1	1	82.65	82.65	.006	82.65	.46
PRINCIPAL SURGEON	1	1	82.65	82.65	.006	82.65	.46
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	3	11	2,808.03	255.28	.061	936.01	15.51
PRINCIPAL SURGEON	3	3	2,401.71	800.57	.017	800.57	13.27
ASSISTANT SURGEON	1	1	232.32	232.32	.006	232.32	1.28
ANESTHESIOLOGIST	1	7	174.00	24.86	.039	174.00	.96
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	3	4	149.66	37.42	.022	49.89	.83
RADIOLOGY	5	8	392.40	49.05	.044	78.48	2.17
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	1	1	13.76	13.76	.006	13.76	.08
OTHER SERVICES/ALL X-OVERS	31	73	1,030.12	14.11	.403	33.23	5.69
@PHARMACY	118	2 , 673 \$	44,311.37	\$ 16.58	14.768 \$		
PRESCRIPTION DRUGS	117	488	42,215.86	86.51	2.696	360.82	233.24
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	117	488	42,215.86	86.51	2.696	360.82	233.24
MEDICAL SUPPLIES	15	2 , 185	2,095.51	.96	12.072	139.70	11.58
@DENTIST	5	26 \$	2,671.00	\$ 102.73	.144 \$		
VISITS - DIAGNOSTIC	2	10	106.00	10.60	.055	53.00	.59
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00

PERIODONTICS	2	2	400.00	200.00	.011	200.00	2.21
ENDODONTICS	1	3	645.00	215.00	.017	645.00	3.56
RESTORATIVE DENTISTRY	3	11	1,520.00	138.18	.061	506.67	8.40
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPOR	T FOR JAN	2002 THRU DE	C 2002	PAGE 1,742
MOP024	FEE-FOR-SERVICE/DENTA	ΔL					01/17/03

COLUSA COUNTY

SUMMARY OF SERVICES FOR 56 ALL BLIND

----- MONTHLY AVERAGE ----
181 ELIGIBLES

USERS
UNITS OF SERVICE

OR DAYS OF CARE

OR DAYS OF CARE

PER UNIT/DAY PER ELIG
USER ELIGIBLE

3 \$ 53.11 \$ 17.70 .017 \$ 53.11 \$.29

@OPTOMETRIST	1	3	_ \$	53.11	Ś	17.70	.017	Ś	53.11	Ś	.29
DIAGNOSTIC AND ANC. PROCED	0	0	4	.00	- T	.00	.000	т.	.00	4	.00
EYE APPLIANCES	1	3		53.11		17.70	.017		53.11		.29
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	Ś	.00	.000	Ś	.00	Ś	.00
VISITS	Ō	0	'	.00	'	.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	5	8	\$	45.02	\$	5.63	.044	\$	9.00	\$.25
MEDICINE/INJECTIONS	0	0	•	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	5	8		45.02		5.63	.044		9.00		.25
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	40	370	\$	16,026.03	\$	43.31	2.044	\$	400.65	\$	88.54
HOSP INPATIENT TOTAL	2	6		6,420.00		1070.00	.033		3210.00		35.47
HSC HOSPITALS	2	6		6,420.00		1070.00	.033		3210.00		35.47
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	40	364		9,606.03		26.39	2.011		240.15		53.07
MEDICAL	12	53		2,649.36		49.99	.293		220.78		14.64
SURGERY	2	2		125.75		62.88	.011		62.88		.69
PATHOLOGY	22	147		1,562.10		10.63	.812		71.00		8.63
RADIOLOGY	12	38		1,901.80		50.05	.210		158.48		10.51
ROOM USE	24	53		2,223.61		41.95	.293		92.65		12.29
CROSSOVERS/ALL OTH OUTPTNT	26	71		1,143.41		16.10	.392		43.98		6.32
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AN	D EXPENDITURES M	ONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,743
MOP024	FEE-FOR-SERVICE/DENT	AL					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	FOR 56 ALL BLIN	D				
					MONT	HLY AVERAG	E

181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		S COST PER	АОЦ	COST PER
TOT BHIGIDHED	ОВЫКО	OR DAYS OF CARE		EMI ENDITORES	PER UNIT/DAY				ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	40	370	ŝ	16,026.03	\$ 43.31	2.044		Ś	88.54
COMM HOSP INPATIENT TOTAL	2	6	4	6,420.00	1070.00	.033	3210.00		35.47
HSC HOSPITALS	2	6		6,420.00	1070.00	.033	3210.00		35.47
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	40	364		9,606.03	26.39	2.011	240.15		53.07
MEDICAL	12	53		2,649.36	49.99	.293	220.78		14.64
SURGERY	2	2		125.75	62.88	.011	62.88		.69
PATHOLOGY	22	147		1,562.10	10.63	.812	71.00		8.63
RADIOLOGY	12	38		1,901.80	50.05	.210	158.48		10.51
ROOM USE	24	53		2,223.61	41.95	.293	92.65		12.29
CROSSOVERS/ALL OTH OUTPINT	26	71		1,143.41	16.10	.392	43.98		6.32
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	0	0		.00	.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000			.00
ICF DDH	0	0		.00	.00	.000	.00		.00
ICF DD	0	0		.00	.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00	.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	27.55	\$.00	.000			.15
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		27.55	.00	.000	.00		.15
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000			.00
HOSPITAL BASED	0	0		.00	.00	.000	.00		.00

INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	7	32	\$	318.24	\$	9.95	.177	\$	45.46	\$	1.76
PATHOLOGY	7	32		318.24		9.95	.177		45.46		1.76
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	20	34	\$	2,553.89	\$	75.11	.188	\$	127.69	\$	14.11
CLINIC	1	1		10.00		10.00	.006		10.00		.06
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	19	33		2,543.89		77.09	.182		133.89		14.05
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITUR	RES M	ONTH-OF-PAYMENT	REPORT	FOR JAN 2	2002 THRU 1	DEC	2002	P.	AGE 1,744
MOP024	FEE-FOR-SERVICE/	DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	ICES FOR 56 ALL	BLIN	D							
							Mo	ОИТЕ	HLY AVERA	GE.	
181 ELIGIBLES	USERS	UNITS OF SERVICE	3	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:		COST PER	-	COST PER
181 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE		EXPENDITURES		RAGE COST UNIT/DAY		s c		-	COST PER ELIGIBLE
181 ELIGIBLES @ALL OTHER PROVIDERS	USERS 22			EXPENDITURES 4,151.25	PER		UNITS/DAY: PER ELIG	s c	COST PER	-	
		OR DAYS OF CARE]		PER \$	UNIT/DAY	UNITS/DAY: PER ELIG	S (COST PER USER	. :	ELIGIBLE
@ALL OTHER PROVIDERS		OR DAYS OF CARE]	4,151.25	PER \$	UNIT/DAY 2.03	UNITS/DAY: PER ELIG 11.320	S (COST PER USER 188.69	. :	ELIGIBLE 22.94
@ALL OTHER PROVIDERS DURABLE MED. EQUIP.		OR DAYS OF CARE]	4,151.25 170.76	PER \$	UNIT/DAY 2.03 24.39	UNITS/DAY: PER ELIG 11.320 .039	S (COST PER USER 188.69 56.92	. :	ELIGIBLE 22.94 .94
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK		OR DAYS OF CARE]	4,151.25 170.76	PER \$	UNIT/DAY 2.03 24.39 .00	UNITS/DAYS PER ELIG 11.320 .039 .000	S (COST PER USER 188.69 56.92 .00	. :	ELIGIBLE 22.94 .94 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS		OR DAYS OF CARE 2,049 7 0]	4,151.25 170.76 .00	PER \$	UNIT/DAY 2.03 24.39 .00	UNITS/DAY: PER ELIG 11.320 .039 .000	S (USER 188.69 56.92 .00	. :	ELIGIBLE 22.94 .94 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION		OR DAYS OF CARE 2,049 7 0 0]	4,151.25 170.76 .00 .00 805.12	PER \$	UNIT/DAY 2.03 24.39 .00 .00	UNITS/DAY: PER ELIG 11.320 .039 .000 .000 .486	S (USER 188.69 56.92 .00 .00 100.64	. :	ELIGIBLE 22.94 .94 .00 .00
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS		OR DAYS OF CARE 2,049 7 0 0 88 40]	4,151.25 170.76 .00 .00 805.12 720.70	PER \$	UNIT/DAY 2.03 24.39 .00 .00 9.15 18.02	UNITS/DAY: PER ELIG 11.320 .039 .000 .000 .486 .221	S (USER 188.69 56.92 .00 .00 100.64 144.14	. :	22.94 22.94 .94 .00 .00 4.45 3.98
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS		OR DAYS OF CARE 2,049 7 0 0 88 40 33]	4,151.25 170.76 .00 .00 805.12 720.70 78.45	PER \$	UNIT/DAY 2.03 24.39 .00 .00 9.15 18.02 2.38	UNITS/DAY: PER ELIG 11.320 .039 .000 .000 .486 .221 .182	S (USER 188.69 56.92 .00 .00 100.64 144.14 78.45	. :	22.94 .94 .00 .00 4.45 3.98 .43
@ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS		OR DAYS OF CARE 2,049 7 0]	4,151.25 170.76 .00	PER \$	UNIT/DAY 2.03 24.39 .00	UNITS/DAY: PER ELIG 11.320 .039 .000	S (USER 188.69 56.92 .00	. :	ELIGIBLE 22.94 .94 .00

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GENETIC DISEASE TESTING

OCCUPATIONAL THERAPIST

PROSTHETIST/ORTHOTISTS

PHYSICAL THERAPIST

PORTABLE X-RAY

OPTICIAN

IHMC, MODEL-NF, NF, AIDS, MSSP

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	4	1,928	2,549.60	1.32	10.652	637.40	14.09
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	5	18	479.43	26.64	.099	95.89	2.65
@CALIF. CHILDREN SERVICES*	1	2	\$ 61.00	\$ 30.50	.011	\$ 61.00	\$.34
@XOVER EXCLUDING STATE HOSP**	41	130	\$ 1,219.60	\$ 9.38	.718	\$ 29.75	\$ 6.74

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 FEE-FOR-SERVICE/DENTAL

PAGE 1,745

01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 57 ALL DISABLED

COLOSA COONII	SOMMANT OF SEN	VICES FOR 57 ALL	DISA.	рпер		1401		0.77
5 410								GE
5,418 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
	4 510	OR DAYS OF CARE		2 254 146 21	PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	4,513	117,851	\$	3,354,146.21	\$ 28.46	21.752		\$ 619.07
@PHYSICIANS SERVICES	1,152	4,307	\$		\$ 36.20	.795		•
OUTPATIENT VISITS	432	617		22,495.70	36.46	.114	52.07	4.15
OFFICE VISITS	294	388		13,068.50	33.68		44.45	2.41
HOME VISITS	13	19		843.10	44.37		64.85	.16
EMERGENCY ROOM	47	70		4,357.10	62.24	.013	92.70	.80
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1		126.31	126.31	.000	126.31	.02
OTHER OUTPATIENT	107	139		4,100.69	29.50	.026	38.32	.76
INPATIENT VISITS	69	329		17,954.22	54.57	.061	260.21	3.31
HOSPITAL VISITS	64	287		13,164.75	45.87	.053	205.70	2.43
CRITICAL CARE	15	39		4,656.96	119.41	.007	310.46	.86
SNF/ICF/TRANS IP CARE	3	3		132.51	44.17	.001	44.17	.02
OPHTHALMOLOGICAL SERVICES	33	44		1,857.00	42.20	.008	56.27	.34
EXAMINATIONS	33	44		1,857.00	42.20	.008	56.27	.34
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	41	354		34,695.51	98.01	.065	846.23	6.40
PRINCIPAL SURGEON	32	61		28,760.64	471.49	.011	898.77	5.31
ASSISTANT SURGEON	3	3		584.50	194.83	.001	194.83	.11
ANESTHESIOLOGIST	14	290		5,350.37	18.45	.054	382.17	.99
OUTPATIENT SURGERY	72	196		24,489.35	124.95	.036	340.13	4.52
PRINCIPAL SURGEON	65	95		21,783.38	229.30	.018	335.13	4.02
ASSISTANT SURGEON	1	1		244.60	244.60	.000	244.60	.05
ANESTHESIOLOGIST	15	100		2,461.37	24.61	.018	164.09	.45
DIALYSIS	12	102		3,029.46	29.70	.019	252.46	.56
PATHOLOGY	46	121		2,324.50	19.21	.022	50.53	.43
RADIOLOGY	183	363		16,859.30	46.44	.067	92.13	3.11
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	36	43		922.35	21.45	.008	25.62	.17
OTHER SERVICES/ALL X-OVERS	620	2,138		31,305.06	14.64	.395	50.49	5.78
@PHARMACY	3,805	31,677	\$	1,502,460.02			\$ 394.86	\$ 277.31
PRESCRIPTION DRUGS	3,748	16,410	•	1,457,522.62	88.82	3.029	388.88	269.01
SNF/ICF	98	639			55.67			6.57
OUTPATIENTS	3,660	15 , 771			90.16		388.51	262.45

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	370	15 , 267		44,937.40		2.94	2.818	121.45	8.29
@DENTIST	207	949	\$	46,894.00	\$	49.41	.175	\$ 226.54	\$ 8.66
VISITS - DIAGNOSTIC	130	558		7,417.00		13.29	.103	57.05	1.37
ORAL SURGERY	29	148		8,248.00		55.73	.027	284.41	1.52
DRUGS	0	0		.00		.00	.000	.00	.00
ANESTHESIA	7	7		700.00		100.00	.001	100.00	.13
PERIODONTICS	28	30		5,474.00		182.47	.006	195.50	1.01
ENDODONTICS	5	6		1,395.00		232.50	.001	279.00	.26
RESTORATIVE DENTISTRY	47	130		11,280.00		86.77	.024	240.00	2.08
PROSTHETICS	7	7		170.00		24.29	.001	24.29	.03
DENTURES, STAYPLATES	28	59		12,010.00		203.56	.011	428.93	2.22
SPACE MAINTAINERS	0	0		.00		.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000	.00	.00
ORTHODONTIC SERVICES	2	3		125.00		41.67	.001	62.50	.02
ALL OTHER SERVICES	1	1		75.00		75.00	.000	75.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	O EXPENDITU	RES N	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC 2002	PAGE 1,746
MOP024	FEE-FOR-SERVICE/DENTA	AL							01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES 1	FOR 57 ALL	DISA	ABLED					

----- MONTHLY AVERAGE -----5,418 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 110 290 5,803.50 \$ 20.01 .054 \$ 52.76 \$ 1.07 DIAGNOSTIC AND ANC. PROCED 36 1,668.89 46.36 .007 46.36 .31 EYE APPLIANCES 244 4,016.03 .045 41.83 16.46 .74 OTHER OPTOMETRIC SERVICES 10 118.58 11.86 .002 19.76 .02 @CHIROPRACTOR 50.16 \$ 16.72 .001 \$ 25.08 \$.01 3 0 VISITS 50.16 16.72 .001 25.08 . 01 .00 OTHER SERVICES .00 .000 .00 . 00 76 14 @PODIATRIST 1,599.90 \$ 21.05 .014 \$ 28.57 \$.30 501.04 13 35.79 .003 38.54 .09 MEDICINE/INJECTIONS 3 39.00 13.00 13.00 SURGERY/ANES. .001 .01 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER 59 1,059.86 17.96 .011 25.23 .20 @HOME HEALTH AGENCY 55 1,153 50,803.03 \$ 44.06 .213 \$ 923.69 \$ 9.38 46 378.15 \$ 8.22 .008 \$ 63.03 \$.07 NURSE ANESTHESIST .00 .00 .000 \$.00 \$ NURSE MIDWIFE PEDIATRIC NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$.00 3 FAMILY NURSE PRACTITIONER 2 85.20 \$ 28.40 .001 \$ 42.60 \$.02 @TOTAL HOSPITAL 1,249 6**,**924 880,490.94 \$ 127.17 1.278 \$ 704.96 \$ 162.51 HOSP INPATIENT TOTAL 101 596 696,605.04 1168.80 .110 6897.08 HSC HOSPITALS 160 199,080.51 1244.25 .030 7963.22 NON-HSC HOSPITAL TOTAL 226 450,060.80 1991.42 .042 10228.65 ACCOMMODATIONS 4.3 226 157,153.30 695.37 .042 3654.73 29.01 2,280.49 ADMINISTRATIVE DAYS 10 228.05 .002 1140.25 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE 216 717.00 .040 ALL OTHER ACCOM 154,872.81 3687.45 28.58 ANCILLARIES 0 292,907.50 .00 .000 6656.99 54.06 INPATIENT CROSSOVERS 37 210 47,463.73 226.02 .039 1282.80 8.76 0 .00 0 ALL OTHER INPATIENT .00 .00 .000 .00 1,203 6,328 183,885.90 29.06 1.168 152.86 HOSP OUTPATIENT TOTAL 33.94 .067 196 361 19,332.69 53.55 98.64 3.57 MEDICAL 51 85.68 64 4,369.89 68.28 .012 .81 SURGERY PATHOLOGY 408 1,960 22,986.56 11.73 .362 56.34 4.24 RADIOLOGY 208 467 26,652.46 57.07 .086 128.14 4.92 ROOM USE 531 22,929.96 43.18 .098 64.59 4.23

CROSSOVERS/ALL OTH OUTPINT	705	2,945	87,614.3	4 2	9.75 .54	4 124.28		16.17
@COUNTY HOSPITAL TOTAL	3	50	\$ 63,577.13	3 \$ 127	1.54 .00	9 \$ 21192.38	\$	11.73
CO HOSPITAL INPATIENT TOTAL	2	47	63,544.0	0 135	2.00 .00	9 31772.00		11.73
HSC HOSPITALS	2	47	63,544.0	0 135	2.00 .00	9 31772.00		11.73
NON-HSC HOSPITALS TOTAL	0	0	.0	0	.00 .00	0 .00		.00
ACCOMMODATIONS	0	0	.0	0	.00 .00	0 .00		.00
ADMINISTRATIVE DAYS	0	0	.0	0	.00 .00	0 .00		.00
TRANSITIONAL IP CARE	0	0	.0	0	.00 .00	0 .00		.00
ALL OTHER ACCOM	0	0	.0	0	.00 .00	0 .00		.00
ANCILLARIES	0	0	.00	0	.00 .00	0 .00		.00
INPATIENT CROSSOVERS	0	0	.0	0	.00 .00	0 .00		.00
ALL OTHER INPATIENT	0	0	.0	0	.00 .00	0 .00		.00
CO HOSP OUTPATIENT TOTAL	1	3	33.1	3 1	1.04 .00	1 33.13		.01
MEDICAL	0	0	.0	0	.00 .00	0 .00		.00
SURGERY	0	0	.0	0	.00 .00	0 .00		.00
PATHOLOGY	0	0	1.0	4	.00 .00	0 .00		.00
RADIOLOGY	0	0	.0	0	.00 .00	0 .00		.00
ROOM USE	0	0	23.2	1	.00 .00	0 .00		.00
CROSSOVERS/ALL OTH OUTPINT	1	3	8.8	8	2.96 .00	1 8.88		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURE	S MONTH-OF-PAYMENT	REPORT FO	R JAN 2002 THR	U DEC 2002	PAGE	1,747
MOP024	FEE-FOR-SERVICE/DENTAL						0	1/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	57 ALL D	ISABLED					

COLOSA COUNTI	SUMMAKI OF SER	VICES FOR 37 ALL	DISE	ZDHED		MC	NTHLY AVERA	GE	
5,418 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST				OST PER
0,110 22101222	00210	OR DAYS OF CAR		E111 E119 I I 011E0	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	1,247	6,874	\$	816,913.81	\$ 118.84	1.269	\$ 655.10		150.78
COMM HOSP INPATIENT TOTAL	100	549		633,061.04	1153.12	.101	6330.61		116.84
HSC HOSPITALS	23	113		135,536.51	1199.44	.021	5892.89		25.02
NON-HSC HOSPITALS TOTAL	44	226		450,060.80	1991.42	.042	10228.65		83.07
ACCOMMODATIONS	43	226		157,153.30	695.37	.042	3654.73		29.01
ADMINISTRATIVE DAYS	2	10		2,280.49	228.05	.002	1140.25		.42
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	42	216		154,872.81	717.00	.040	3687.45		28.58
ANCILLARIES	44	0		292,907.50	.00	.000	6656.99		54.06
INPATIENT CROSSOVERS	37	210		47,463.73	226.02	.039	1282.80		8.76
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
COMM HOSP OUTPATIENT TOTAL	1,202	6 , 325		183,852.77	29.07	1.167	152.96		33.93
MEDICAL	196	361		19,332.69	53.55	.067	98.64		3.57
SURGERY	51	64		4,369.89	68.28	.012	85.68		.81
PATHOLOGY	408	1,960		22 , 985.52	11.73	.362	56.34		4.24
RADIOLOGY	208	467		26,652.46	57.07	.086	128.14		4.92
ROOM USE	355	531		22 , 906.75	43.14	.098	64.53		4.23
CROSSOVERS/ALL OTH OUTPTNI		2,942		87 , 605.46	29.78	.543	124.44		16.17
@STATE HOSPITAL	0	0	\$.00	\$.00	.000		\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00		.00
@NURSING FACILITY	82	2 , 672	\$,	\$ 97.03	.493	•	\$	47.85
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00		.00
LEV B-REHAB MD	11	335		14,177.55	42.32	.062	1288.87		2.62
LEV B-SUBACUTE FREESTANDING		0		.00	.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
LEV B-REGULAR	71	2,337		245,080.12	104.87	.431	3451.83		45.23
@INTERMEDIATE CARE FACILDD	22	668	\$		\$ 135.69		\$ 4120.06	\$	16.73
ICF DDH	12	364		54 , 297.88	149.17	.067	4524.82		10.02
ICF DD	10	304		36,343.44	119.55	.056	3634.34		6.71

ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	71	1,068	\$	55,363.67	\$	51.84	.197	\$	779.77	\$	10.22
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	71	1,068		55,363.67		51.84	.197		779.77		10.22
@REHABILITATION FACILITY	3	17	\$	346.98	\$	20.41	.003	\$	115.66	\$.06
HOSPITAL BASED	3	17		346.98		20.41	.003		115.66		.06
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	166	477	\$	7,538.41	\$	15.80	.088	\$	45.41	\$	1.39
PATHOLOGY	161	470		7,495.12		15.95	.087		46.55		1.38
XO AND OTHERS	5	7		43.29		6.18	.001		8.66		.01
@ORGANIZED OUTPATIENT CLINIC	1,053	1,729	\$	131,940.54	\$	76.31	.319	\$	125.30	\$	24.35
CLINIC	26	48		6,910.98		143.98	.009		265.81		1.28
SURGICENTER	2	3		435.64		145.21	.001		217.82		.08
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	1,034	1,678		124,593.92		74.25	.310		120.50		23.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	AND EXPENDITU	RES M	ONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC	2002	P	AGE 1,748
MOP024	FEE-FOR-SERVICE/DEN	NTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES	S FOR 57 ALL	DISA	BLED							

E 410 BLIGIDING	HORDO	IDITED OF DEDITOR		717D7 CD COCE		JNIUDI AAFVA	
5,418 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
Oli Carra Ca	0.60	OR DAYS OF CARE	164 560 07	PER UNIT/DAY	_	USER	ELIGIBLE
@ALL OTHER PROVIDERS	868	65,792 \$	164,560.27	\$ 2.50	12.143		
DURABLE MED. EQUIP.	95	279	40,554.27	145.36	.051	426.89	7.49
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	15	27	2,939.23	108.86	.005	195.95	
MEDICAL TRANSPORTATION	113	8,238	42 , 197.61	5.12	1.520	373.43	
AMBULANCES/AIR TRANS	51	581	12,046.01	20.73	.107	236.20	2.22
OTHER TRANS	41	7 , 090	21,553.11	3.04	1.309	525.69	3.98
OTHER SERVICES	28	567	8,598.49	15.16	.105	307.09	1.59
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	2	7	1,298.35	185.48	.001	649.18	.24
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	126	280	4,966.30	17.74	.052	39.42	.92
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	22	66	6,901.51	104.57	.012	313.71	1.27
PROSTHETICS	22	66	6,901.51	104.57	.012	313.71	1.27
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	1	1	38.01	38.01	.000	38.01	.01
SPEECH AND AUDIOLOGY	18	72	3,042.20	42.25	.013	169.01	.56
HOSPICE SERVICES	2	39	6,070.52	155.65	.007	3035.26	1.12
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	50	6,991	18,475.04	2.64	1.290	369.50	3.41
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	482	49,792	38,077.23	.76	9.190	79.00	7.03
@CALIF. CHILDREN SERVICES*	54	602 \$	86,534.95	\$ 143.75	.111	\$ 1602.50	\$ 15.97
@XOVER EXCLUDING STATE HOSP**	1,240	11,530 \$	173,486.31	\$ 15.05	2.128	\$ 139.91	\$ 32.02
A							

^{0*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

----- MONTHLY AVERAGE -----

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

[#]CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

COHODII COONII	DOINING OF DER	VICED FOR SO MEE	1111111.	LLIO				
						MON		-
35,181 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	15,381	73 , 203	\$	3,857,587.63	\$ 52.70	2.081 \$	250.80	\$ 109.65
@PHYSICIANS SERVICES	3,418	8,001	\$	420,031.19	•	.227 \$	122.89	\$ 11.94
OUTPATIENT VISITS	2,235	2,940		105,068.21	35.74	.084	47.01	2.99
OFFICE VISITS	1,656	2,069		64 , 929.74	31.38	.059	39.21	1.85
HOME VISITS	2	2		68.60	34.30	.000	34.30	.00
EMERGENCY ROOM	170	182		9,270.85	50.94	.005	54.53	.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	151	272		21,508.29	79.07	.008	142.44	.61
OTHER OUTPATIENT	328	415		9,290.73	22.39	.012	28.33	.26
INPATIENT VISITS	207	545		30 , 299.71	55.60	.015	146.38	.86
HOSPITAL VISITS	202	493		22 , 629.20	45.90	.014	112.03	.64
CRITICAL CARE	19	52		7 , 670.51	147.51	.001	403.71	.22
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	86	98		4 , 470.52	45.62	.003	51.98	.13
EXAMINATIONS	86	98		4 , 470.52	45.62	.003	51.98	.13
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	203	514		145,330.30	282.74	.015	715.91	4.13
PRINCIPAL SURGEON	159	177		133,731.44	755.54	.005	841.08	3.80
ASSISTANT SURGEON	25	24		3 , 925.96	163.58	.001	157.04	.11
ANESTHESIOLOGIST	33	313		7 , 672.90	24.51	.009	232.51	.22
OUTPATIENT SURGERY	361	896		66 , 223.56	73.91	.025	183.44	1.88
PRINCIPAL SURGEON	311	436		54 , 468.57	124.93	.012	175.14	1.55
ASSISTANT SURGEON	6	6		776.22	129.37	.000	129.37	.02
ANESTHESIOLOGIST	65	454		10 , 978.77	24.18	.013	168.90	.31
DIALYSIS	3	38		711.52	18.72	.001	237.17	.02
PATHOLOGY	418	602		6 , 382.29	10.60	.017	15.27	.18
RADIOLOGY	541	734		30 , 850.95	42.03	.021	57.03	.88
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

IMMUNIZATION AND INJECTION	47	138		2,522.23		18.28	.004		53.66		.07
OTHER SERVICES/ALL X-OVERS	453	1,496		28,171.90		18.83	.043		62.19		.80
@PHARMACY	7,648	23,797	\$	821,312.89	\$	34.51	.676	\$	107.39	\$	23.35
PRESCRIPTION DRUGS	7,537	16,632		797,321.78		47.94	.473		105.79		22.66
SNF/ICF	1	19		2,749.14		144.69	.001		2749.14		.08
OUTPATIENTS	7 , 537	16,613		794,572.64		47.83	.472		105.42		22.59
MEDICAL SUPPLIES	279	7,165		23,991.11		3.35	.204		85.99		.68
@DENTIST	977	4,689	\$	178,299.45	\$	38.03	.133	\$	182.50	\$	5.07
VISITS - DIAGNOSTIC	635	2 , 759		40,491.45		14.68	.078		63.77		1.15
ORAL SURGERY	137	318		20,091.20		63.18	.009		146.65		.57
DRUGS	23	27		556.68		20.62	.001		24.20		.02
ANESTHESIA	22	22		2,200.00		100.00	.001		100.00		.06
PERIODONTICS	41	41		7,600.00		185.37	.001		185.37		.22
ENDODONTICS	67	193		20,240.50		104.87	.005		302.10		.58
RESTORATIVE DENTISTRY	346	1,137		70,047.75		61.61	.032		202.45		1.99
PROSTHETICS	2	2		30.00		15.00	.000		15.00		.00
DENTURES, STAYPLATES	11	34		3,328.50		97.90	.001		302.59		.09
SPACE MAINTAINERS	19	23		2,126.37		92.45	.001		111.91		.06
MAXILLOFACIAL SERVICES	7	10		292.00		29.20	.000		41.71		.01
FRACTURES, DISLOCATIONS	1	1		1,200.00		1200.00	.000		1200.00		.03
ORTHODONTIC SERVICES	95	114		9,720.00		85.26	.003		102.32		.28
ALL OTHER SERVICES	8	8		375.00		46.88	.000		46.88		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND) EXPENDITU	RES	MONTH-OF-PAYMENT R	EPOR	T FOR JAN	2002 THRU	DEC	2002	PAG	E 1,750
MOP024	FEE-FOR-SERVICE/DENTA	ΔL									01/17/03

----- MONTHLY AVERAGE -----

SUMMARY OF SERVICES FOR 58 ALL FAMILIES

COLUSA COUNTY

35,181 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @OPTOMETRIST 933 22,899.93 24.54 .027 \$ 59.79 \$.65 269 271 12,611.25 46.54 .008 46.88 .36 DIAGNOSTIC AND ANC. PROCED 248 653 15.32 .019 40.34 EYE APPLIANCES 10,005.05 .28 9 9 31.51 .000 31.51 OTHER OPTOMETRIC SERVICES 283.63 .01 11 16.72 16 267.52 \$ @CHIROPRACTOR .000 \$ 24.32 \$ 16 0 267.52 16.72 VISITS .000 OTHER SERVICES Ω .00 .00 .000 .00 .00 17 21 894.00 \$ 42.57 .001 \$ 52.59 \$.03 @PODIATRIST 31.06 151 90 MEDICINE/INJECTIONS 19 590.20 .001 36.89 303.80 303.80 SURGERY/ANES. .000 .01 RADIO./PATHOLOGY 0 .00 .00 .000 .00 .00 OTHER .00 .00 .000 .00 .00 77 @HOME HEALTH AGENCY 170 10,000.57 58.83 .005 \$ 129.88 NURSE ANESTHESIST 7,079.29 \$ 18.68 .011 \$ 96.98 \$.20 NURSE MIDWIFE 16 3,938.62 246.16 .000 \$ 437.62 \$.11 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER .00 \$.00 .000 \$.00 \$ 16,154 1,462,096.49 90.51 .459 \$ @TOTAL HOSPITAL 3,687 396.55 \$ 41.56 234 781 1315.73 .022 HOSP INPATIENT TOTAL 1,027,585.27 4391.39 29.21 142 HSC HOSPITALS 170,904.05 1203.55 .004 5178.91 4.86 NON-HSC HOSPITAL TOTAL 200 636 856,417.75 1346.57 .018 4282.09 24.34 200 636 302.29 961.27 ACCOMMODATIONS 192,254.69 .018 5.46 0 184.68CR .00 .000 .00 ADMINISTRATIVE DAYS .01CR .00 0 0 .00 .000 .00 TRANSITIONAL IP CARE .00 636 302.58 ALL OTHER ACCOM 200 192,439.37 .018 962.20 .00 200 ANCILLARIES 0 664,163.06 .000 3320.82 18.88 1 263.47 INPATIENT CROSSOVERS 263.47 87.82 .000 .01 .00 ALL OTHER INPATIENT .00 .00

HOSP OUTPATIENT TOTAL	3,580 1	.5,373		434,511.22	28.26	.437	121.37	12.	. 35
MEDICAL	1,273	1,766		88 , 577.21	50.16	.050	69.58	2.	.52
SURGERY	268	356		23,406.92	65.75	.010	87.34		. 67
PATHOLOGY	1,933	5,712		68 , 093.27	11.92	.162	35.23	1.	.94
RADIOLOGY	1,194	2,338		96,379.04	41.22	.066	80.72	2.	.74
ROOM USE	2,102	2,773		109,596.31	39.52	.079	52.14	3.	.12
CROSSOVERS/ALL OTH OUTPINT	1,254	2,428		48,458.47	19.96	.069	38.64	1.	.38
@COUNTY HOSPITAL TOTAL	6	41	\$	1,341.67	\$ 32.72	.001	\$ 223.61	\$.	.04
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	6	41		1,341.67	32.72	.001	223.61		.04
MEDICAL	2	10		560.08	56.01	.000	280.04		.02
SURGERY	0	0		87.77	.00	.000	.00		.00
PATHOLOGY	3	13		96.29	7.41	.000	32.10		.00
RADIOLOGY	1	1		24.02	24.02	.000	24.02		.00
ROOM USE	5	10		367.82	36.78	.000	73.56		.01
CROSSOVERS/ALL OTH OUTPINT	4	7		205.69	29.38	.000	51.42		.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	(PENDITU	RES MONT	TH-OF-PAYMENT RE	PORT FOR JAN	2002 THRU	DEC 2002		L , 751
MOP024	FEE-FOR-SERVICE/DENTAL							01/1	L7/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	58 ALL	FAMILIE	ES					

COLOGII COCIVII	DOIMING OF DER	VIOLO IOIC OO IILLI IIIIILL.	100					
					MON	ITHLY AVERA	GE	
35,181 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER	
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE	
@COMMUNITY HOSPITAL TOTAL	3,682	16,113 \$	1,460,754.82	\$ 90.66	.458 \$	396.73	\$ 41.52	
COMM HOSP INPATIENT TOTAL	234	781	1,027,585.27	1315.73	.022	4391.39	29.21	
HSC HOSPITALS	33	142	170,904.05	1203.55	.004	5178.91	4.86	
NON-HSC HOSPITALS TOTAL	200	636	856 , 417.75	1346.57	.018	4282.09	24.34	
ACCOMMODATIONS	200	636	192,254.69	302.29	.018	961.27	5.46	
ADMINISTRATIVE DAYS	0	0	184.68CR	.00	.000	.00	.01C	R
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00	
ALL OTHER ACCOM	200	636	192,439.37	302.58	.018	962.20	5.47	
ANCILLARIES	200	0	664,163.06	.00	.000	3320.82	18.88	
INPATIENT CROSSOVERS	1	3	263.47	87.82	.000	263.47	.01	
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00	
COMM HOSP OUTPATIENT TOTAL	3 , 575	15 , 332	433,169.55	28.25	.436	121.17	12.31	
MEDICAL	1,271	1 , 756	88,017.13	50.12	.050	69.25	2.50	
SURGERY	268	356	23,319.15	65.50	.010	87.01	.66	
PATHOLOGY	1,931	5 , 699	67,996.98	11.93	.162	35.21	1.93	
RADIOLOGY	1,193	2 , 337	96,355.02	41.23	.066	80.77	2.74	
ROOM USE	2,097	2 , 763	109,228.49	39.53	.079	52.09	3.10	
CROSSOVERS/ALL OTH OUTPTNT	1,250	2,421	48,252.78	19.93	.069	38.60	1.37	
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$		\$.00	
MENTALLY ILL	0	0	.00	.00	.000	.00	.00	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.00	
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00	
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00	
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00	
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00	

LEV B-SUBACUTE HSPTL BASED	0	0		.00)	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00)	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00)	.00	.000		.00		.00
@HEMODIALYSIS TOTAL	5	232	\$	7,800.41	. \$	33.62	.007	\$	1560.08	\$.22
HOSPITAL BASED	0	0		.00)	.00	.000		.00		.00
HEMODIALYSIS CENTER	5	232		7,800.41		33.62	.007		1560.08		.22
@REHABILITATION FACILITY	6	9	\$	613.50		68.17	.000	\$	102.25	\$.02
HOSPITAL BASED	6	9		613.50	1	68.17	.000		102.25		.02
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	1,126	2,907	\$	48,472.70	\$	16.67	.083	\$	43.05	\$	1.38
PATHOLOGY	1,126	2,907		48,472.70)	16.67	.083		43.05		1.38
XO AND OTHERS	0	0		.00)	.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	6,109	9,468	\$	746,516.47	\$	78.85	.269	\$	122.20	\$	21.22
CLINIC	172	373		12,071.43	}	32.36	.011		70.18		.34
SURGICENTER	40	258		8,768.35	,	33.99	.007		219.21		.25
HEROIN DETOX CLINIC	1	7		76.65	,	10.95	.000		76.65		.00
RURAL HEALTH CLINIC	5,944	8,830		725,600.04		82.17	.251		122.07		20.62
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDIT	URES MONTH-	OF-PAYMENT	REPORT	FOR JAN 2002	2 THRU	DEC	2002	PF	AGE 1,752
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	58 AL	L FAMILIES								

COLUBA COUNTI	SUMMARI OF SER	VICES FOR JO ALL	L WINT I	TIES				
						MO	NTHLY AVERA	GE
35,181 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	1,148	6,411	\$	127,364.60	\$ 19.87	.182	\$ 110.94	\$ 3.62
DURABLE MED. EQUIP.	53	66		5,378.51	81.49	.002	101.48	.15
BLOOD BANK	0	0		.00	.00	.000	.00	.00
HEARING AID DISPENSERS	3	3		784.45	261.48	.000	261.48	.02
MEDICAL TRANSPORTATION	99	2,103		45,923.64	21.84	.060	463.88	1.31
AMBULANCES/AIR TRANS	97	2,090		26,099.92	12.49	.059	269.07	.74
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	13	13		19,823.72	1524.90	.000	1524.90	.56
ACUPUNCTURE	1	1		27.03	27.03	.000	27.03	.00
ADULT DAY HEALTH CARE CTR	1	10		665.40	66.54	.000	665.40	.02
GENETIC DISEASE TESTING	113	113		9,068.00	80.25	.003	80.25	.26
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	313	712		7,216.28	10.14	.020	23.06	.21
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	27	65		14,631.76	225.10	.002	541.92	.42
PROSTHETICS	27	65		14,631.76	225.10	.002	541.92	.42
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	2	6		284.91	47.49	.000	142.46	.01
SPEECH AND AUDIOLOGY	21	50		7,220.93	144.42	.001	343.85	.21
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	520	3 , 253		35 , 570.85	10.93	.092	68.41	1.01
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	8	28		504.15	18.01	.001	63.02	.01
@CALIF. CHILDREN SERVICES*	136	808	\$	139,073.52	\$ 172.12	.023	\$ 1022.60	\$ 3.95

@XOVER EXCLUDING STATE HOSP** 48 1,727 \$ 5,399.73 \$ 3.13 .049 \$ 112.49 \$.15

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----- MONTHLY AVERAGE -----

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

@TOTAL, ALL PROVIDERS 371 1,863 \$ 105,158.60 \$ 56.45 2.068 \$ 283.45 \$ 116.71 @PHYSICIANS SERVICES 114 283 \$ 13,274.33 \$ 46.91 .314 \$ 116.44 \$ 14.73 OUTPATIENT VISITS 71 85 3,135.79 36.89 .094 44.17 3.48 OFFICE VISITS 58 69 2,227.02 32.28 .077 38.40 2.47 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 4 4 4 161.71 40.43 .04 40.43 .18 PREVENTIVE CARE 0 0 .00
@PHYSICIANS SERVICES 114 283 \$ 13,274.33 \$ 46.91 .314 \$ 116.44 \$ 14.73 OUTPATIENT VISITS 71 85 3,135.79 36.89 .094 44.17 3.48 OFFICE VISITS 58 69 2,227.02 32.28 .077 38.40 2.47 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 4 4 4 161.71 40.43 .004 40.43 .18 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2
OUTPATIENT VISITS 71 85 3,135.79 36.89 .094 44.17 3.48 OFFICE VISITS 58 69 2,227.02 32.28 .077 38.40 2.47 HOME VISITS 0 0 .00 .00 .00 .00 .00 .00 EMERGENCY ROOM 4 4 161.71 40.43 .004 40.43 .18 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 18
OFFICE VISITS 58 69 2,227.02 32.28 .077 38.40 2.47 HOME VISITS 0 0 .00
HOME VISITS 0 0 .00 .00 .00 .00 .00 EMERGENCY ROOM 4 4 4 161.71 40.43 .004 40.43 .18 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00
EMERGENCY ROOM 4 4 4 161.71 40.43 .004 40.43 .18 PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
PREVENTIVE CARE 0 0 .00 .00 .00 .00 .00 .00 OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00
OB VISITS/COMPRE PERI 6 7 628.98 89.85 .008 104.83 .70 OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00
OTHER OUTPATIENT 5 5 118.08 23.62 .006 23.62 .13 INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00
INPATIENT VISITS 10 37 4,700.06 127.03 .041 470.01 5.22 HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00
HOSPITAL VISITS 9 20 1,074.36 53.72 .022 119.37 1.19 CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
CRITICAL CARE 2 17 3,625.70 213.28 .019 1812.85 4.02 SNF/ICF/TRANS IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 0 .00 .00 .00 .00 .00 .00
SNF/ICF/TRANS IP CARE 0 0 .00 .00 .00 .00 .00 OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
OPHTHALMOLOGICAL SERVICES 0 0 .00 .00 .00 .00 .00

EXAMINATIONS 0 0 .00 .00 .00 .00 .00 .00
SERVICES AND MATERIALS 0 0 .00 .00 .00 .00 .00 .00
INPATIENT HOSPITAL SURGERY 4 18 1,628.85 90.49 .020 407.21 1.81
PRINCIPAL SURGEON 2 2 1,199.59 599.80 .002 599.80 1.33
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 2 16 429.26 26.83 .018 214.63 .48
OUTPATIENT SURGERY 8 13 754.31 58.02 .014 94.29 .84
PRINCIPAL SURGEON 8 10 648.95 64.90 .011 81.12 .72
ASSISTANT SURGEON 0 0 .00 .00 .00 .00 .00
ANESTHESIOLOGIST 1 3 105.36 35.12 .003 105.36 .12
DIALYSIS 0 0 .00 .00 .00 .00 .00 .00
PATHOLOGY 17 42 443.93 10.57 .047 26.11 .49
RADIOLOGY 29 74 2,170.12 29.33 .082 74.83 2.41
PSYCHIATRY 0 0 0 .00 .00 .00 .00 .00 .00
IMMUNIZATION AND INJECTION 0 0 .00 .00 .00 .00 .00 .00
OTHER SERVICES/ALL X-OVERS 12 14 441.27 31.52 .016 36.77 .49
@PHARMACY 156 509 \$ 8,083.57 \$ 15.88 .565 \$ 51.82 \$ 8.97
PRESCRIPTION DRUGS 149 300 7,677.94 25.59 .333 51.53 8.52
SNF/ICF 6 28 1,857.04 66.32 .031 309.51 2.06
OUTPATIENTS 143 272 5,820.90 21.40 .302 40.71 6.46
MEDICAL SUPPLIES 7 209 405.63 1.94 .232 57.95 .45
@DENTIST 22 78 \$ 3,775.00 \$ 48.40 .087 \$ 171.59 \$ 4.19
VISITS - DIAGNOSTIC 15 50 785.00 15.70 .055 52.33 .87
ORAL SURGERY 2 5 445.00 89.00 .006 222.50 .49
DRUGS 0 0 .00 .00 .00 .00 .00 .00
ANESTHESIA 1 1 100.00 100.00 .001 100.00 .11
PERIODONTICS 0 0 .00 .00 .00 .00 .00 .00
ENDODONTICS 1 1 71.00 71.00 .001 71.00 .08
RESTORATIVE DENTISTRY 3 12 984.00 82.00 .013 328.00 1.09
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00
DENTURES, STAYPLATES 1 2 900.00 450.00 .002 900.00 1.00
SPACE MAINTAINERS 0 0 .00 .00 .00 .00 .00

MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	4	7	490.00	70.00	.008	122.50	.54
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU I	DEC 2002	PAGE 1,754
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR 59 ALL MEI	DICALLY INDIGENT				

COLODA COUNTI	SOMMAN OF SER	VICES FOR 35 A	. שמויו עם	ICABBI INDIGENI			M	חדתר	HLY AVERA	CE	
001 ELICIPIES	HCEDC	INTEG OF CEDIA	T C E	EXPENDIMINE	71.7.7	EDACE COCH				.GE	COCH DED
901 ELIGIBLES	USERS	UNITS OF SERV		EXPENDITURES			UNITS/DAYS)	COST PER		COST PER
		OR DAYS OF CA				R UNIT/DAY	PER ELIG	_	USER	_	ELIGIBLE
@OPTOMETRIST	6	18	\$	456.10	\$	25.34	.020	Ş	76.02	Ş	.51
DIAGNOSTIC AND ANC. PROCED	6	6		284.70		47.45	.007		47.45		.32
EYE APPLIANCES	4	12		171.40		14.28	.013		42.85		.19
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	1	4	\$	62.92	\$	15.73	.004	\$	62.92	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	81	388	\$	44,435.05	\$	114.52	.431	\$	548.58	\$	49.32
HOSP INPATIENT TOTAL	6	28		33,645.47		1201.62	.031		5607.58		37.34
HSC HOSPITALS	4	25		31,862.02		1274.48	.028		7965.51		35.36
NON-HSC HOSPITAL TOTAL	2	3		1,783.45		594.48	.003		891.73		1.98
ACCOMMODATIONS	2	3		255.20		85.07	.003		127.60		.28
	-	-									

ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	3			255.20		85.07	.003		127.60		.28
ANCILLARIES	2	0			1,528.25		.00	.000		764.13		1.70
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	76	360			10,789.58		29.97	.400		141.97		11.98
MEDICAL	34	43			2,364.33		54.98	.048		69.54		2.62
SURGERY	5	8			546.08		68.26	.009		109.22		.61
PATHOLOGY	50	149			1,818.97		12.21	.165		36.38		2.02
RADIOLOGY	22	45			2,346.06		52.13	.050		106.64		2.60
ROOM USE	50	62			2,872.53		46.33	.069		57.45		3.19
CROSSOVERS/ALL OTH OUTPTNT	33	53			841.61		15.88	.059		25.50		.93
@COUNTY HOSPITAL TOTAL	0	0	\$;	24.05	\$.00	.000	\$.00	\$.03
CO HOSPITAL INPATIENT TOTAL	0	0			.00		.00	.000		.00		.00
HSC HOSPITALS	0	0			.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0			.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0			.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0			.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0			24.05		.00	.000		.00		.03
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			3.89		.00	.000		.00		.00
PATHOLOGY	0	0			2.96		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0			17.20		.00	.000		.00		.02
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDI	TURES	MONT	TH-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU	DEC	2002	PA	GE 1,755
MOP024	FEE-FOR-SERVICE,	/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 59 A	LL ME	DICAL	LLY INDIGENT							
								M	ONT	HLY AVERA	GE -	
901 ELIGIBLES	USERS	UNITS OF SERV	ICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	С	OST PER
		OR DAYS OF C	ARE			PEF	R UNIT/DAY	PER ELIG		USER	E	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	388	\$;	44,411.00	\$	114.46	.431	\$	548.28	\$	49.29

						110)14 T 11 T T T T T T T T T T T T T T T T	CU
901 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CAR	E		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	81	388	\$	44,411.00	\$ 114.46	.431	\$ 548.28	\$ 49.29
COMM HOSP INPATIENT TOTAL	6	28		33,645.47	1201.62	.031	5607.58	37.34
HSC HOSPITALS	4	25		31,862.02	1274.48	.028	7965.51	35.36
NON-HSC HOSPITALS TOTAL	2	3		1,783.45	594.48	.003	891.73	1.98
ACCOMMODATIONS	2	3		255.20	85.07	.003	127.60	.28
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	2	3		255.20	85.07	.003	127.60	.28
ANCILLARIES	2	0		1,528.25	.00	.000	764.13	1.70
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	76	360		10,765.53	29.90	.400	141.65	11.95
MEDICAL	34	43		2,364.33	54.98	.048	69.54	2.62
SURGERY	5	8		542.19	67.77	.009	108.44	.60
PATHOLOGY	50	149		1,816.01	12.19	.165	36.32	2.02
RADIOLOGY	22	45		2,346.06	52.13	.050	106.64	2.60
ROOM USE	50	62		2,872.53	46.33	.069	57.45	3.19
CROSSOVERS/ALL OTH OUTPINT	33	53		824.41	15.55	.059	24.98	.91
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	7	163	\$	16,542.08	\$	101.49	.181	\$	2363.15	\$	18.36
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	7	163		16,542.08		101.49	.181		2363.15		18.36
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	22	62	\$	1,404.44	\$	22.65	.069	\$	63.84	\$	1.56
PATHOLOGY	22	62		1,404.44		22.65	.069		63.84		1.56
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	110	170	\$	13,873.62	\$	81.61	.189	\$	126.12	\$	15.40
CLINIC	1	4		109.40		27.35	.004		109.40		.12
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	109	166		13,764.22		82.92	.184		126.28		15.28
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES I	MONTH-OF-PAYMENT RE	EPORT	FOR JAN	2002 THRU	DEC	2002	PF	AGE 1,756
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

----- MONTHLY AVERAGE -----901 ELIGIBLES USERS AVERAGE COST UNITS/DAYS COST PER UNITS OF SERVICE EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .209 \$ 135.48 \$ @ALL OTHER PROVIDERS 188 3,251.49 17.30 3.61 59.58 119.15 DURABLE MED. EQUIP. 1 2 119.15 .002 .13 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION 133 893.96 6.72 .148 148.99 .99 AMBULANCES/AIR TRANS 5 109 851.06 7.81 .121 170.21 .94 OTHER TRANS 0 .00 .00 .000 .00 .00 OTHER SERVICES 24 42.90 1.79 .027 42.90 .05 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING 147.00 73.50 .002 73.50 .16 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP 0 .00 .00 .00 .00 OCCUPATIONAL THERAPIST .000 17 163.44 9.61 23.35 OPTICIAN .019 .18 .00 PHYSICAL THERAPIST .00 .00 .000 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 44.93 PROSTHETIST/ORTHOTISTS 134.78 .003 67.39 .15 PROSTHETICS 134.78 44.93 .003 67.39 .15 .00 0 .00 .00 .00 ORTHOTICS .000 0 .00 .00 .00 .000 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY 31 1,793.16 57.84 .034 256.17 1.99 HOSPICE SERVICES 0 .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 59 ALL MEDICALLY INDIGENT

COLUSA COUNTY

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	9	120	\$ 31,634.81	\$ 263.62	.133	\$ 3514.98	\$ 35.11
@XOVER EXCLUDING STATE HOSP**	5	37	\$ 1,535.99	\$ 41.51	.041	\$ 307.20	\$ 1.70

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,757 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR	60 RENA	AL DI	ALYSIS		AID CO	DES			
								M	TNC	HLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF			EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CARE	3		PER	UNIT/DAY			USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$		\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00		.00
ENDODONTICS	0	0	.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00		.00
PROSTHETICS	0	0	.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	CES AND EXPENDITURES MC	NTH-OF-PAYMENT RI	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGI	1,758
MOP024	FEE-FOR-SERVICE	C/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERV	VICES FOR 60 RENAL DIA	LYSIS	AID COI	DES			
					MON	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	EL	IGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00		.00
EYE APPLIANCES	0	0	.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	·	.00
OTHER SERVICES	0	0	.00	.00	.000	.00		.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00		.00
SURGERY/ANES.	0	0	.00	.00	.000	.00		.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00		.00
OTHER	0	0	.00	.00	.000	.00		.00
@HOME HEALTH AGENCY	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE ANESTHESIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
NURSE MIDWIFE	0	0 \$.00	\$.00	.000 \$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00		.00
HSC HOSPITALS	0	0	.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00		.00
ANCILLARIES	0	0	.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00		.00
ALL OFFICE THEATTENE	0	Ō	0.0	0.0	0.00	0.0		0.0

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ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

@COUNTY HOSPITAL TOTAL

ACCOMMODATIONS

HSC HOSPITALS

CROSSOVERS/ALL OTH OUTPTNT

CO HOSPITAL INPATIENT TOTAL

NON-HSC HOSPITALS TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	0 (
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	0 (
ANCILLARIES	0	0		.00	.00	.000	.00	.0	0 (
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.0	0 (
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.0	10
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.0	10
MEDICAL	0	0		.00	.00	.000	.00	.0	10
SURGERY	0	0		.00	.00	.000	.00	.0	10
PATHOLOGY	0	0		.00	.00	.000	.00	.0	10
RADIOLOGY	0	0		.00	.00	.000	.00	.0	10
ROOM USE	0	0		.00	.00	.000	.00	.0	10
CROSSOVERS/ALL OTH OUTE	PTNT 0	0		.00	.00	.000	.00	.0	10
#CALIF DEPT OF HEALTH SERV	<pre>MEDI-CAL SERVIC</pre>	ES AND EXPENDITURE	ES MONTH-OF-	-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,	759
MOP024	FEE-FOR-SERVICE	/DENTAL						01/17	//03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 60 RENAI	L DIALYSIS		AID COD	ES			
						MON'	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPI	ENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PE	ľR
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBL	ıΕ
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.0	10
COMM HOSP INPATIENT TOTA	AL 0	0		.00	.00	.000	.00	.0	
HSC HOSPITALS	0	0		.00	.00	.000	.00	.0	10
NON-HSC HOSPITALS TOTAL	<u> </u>	0		.00	.00	.000	.00	.0	10
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.0	10
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.0	
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.0	
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.0	
ANCILLARIES	0	0		.00	.00	.000	.00	.0	10

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INPATIENT CROSSOVERS

COMM HOSP OUTPATIENT TOTAL

ALL OTHER INPATIENT

MEDICAL

SURGERY	0		0		.0	0	.00	.000	.00		.00
PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
RADIOLOGY	0		0		.0	0	.00	.000	.00		.00
ROOM USE	0		0		.0	0	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0		0		.0		.00	.000	.00		.00
@STATE HOSPITAL	0		Ö	\$.0		.00		\$.00	\$.00
MENTALLY ILL	0		0		.0		.00	.000	.00		.00
DEVELOP. DISABLED	0		Ö		.0		.00	.000	.00		.00
@NURSING FACILITY	Û		Ö	\$.0		.00		\$.00	Ś	.00
LEV A-INTERMEDIATE	0		0	Υ	.00		.00	.000	.00	Υ	.00
LEV B-REHAB MD	0		0		.0		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0		0		.0		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0		0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0		0		.00		.00	.000	.00		.00
	0		0		.00						
LEV B-REGULAR	0		0	ċ			.00	.000	.00	ċ	.00
@INTERMEDIATE CARE FACILDD	0			\$.01		.00		\$.00	\$.00
ICF DDH	0		0		.01		.00	.000	.00		.00
ICF DD	0		0		.01		.00	.000	.00		.00
ICF DDN/DDCN	U		0		.0		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	Ü		0	\$.0		.00		\$.00	\$.00
HOSPITAL BASED	0		0		.0		.00	.000	.00		.00
HEMODIALYSIS CENTER	0		0		.0		.00	.000	.00		.00
@REHABILITATION FACILITY	0		0	\$.0		.00		\$.00	\$.00
HOSPITAL BASED	0		0		.0		.00	.000	.00		.00
INDEPENDENT FACILITY	0		0		.0		.00	.000	.00		.00
@LABORATORY FACILITY	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.0	0	.00	.000	.00		.00
XO AND OTHERS	0		0		.0	0	.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
CLINIC	0		0		.0	0	.00	.000	.00		.00
SURGICENTER	0		0		.0	0	.00	.000	.00		.00
HEROIN DETOX CLINIC	0		0		.0	0	.00	.000	.00		.00
RURAL HEALTH CLINIC	0		0		.0	0	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVI	CES AND EXE	PENDITURE	ES N	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU D	EC 2002	ΡŻ	AGE 1,760
MOP024	FEE-FOR-SERVICE										01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR	60 RENAI	L DI	IALYSIS		AID COI	DES			
								MO	NTHLY AVERA	GE ·	
00 ELIGIBLES	USERS	UNITS OF	SERVICE		EXPENDITURE:	S A	VERAGE COST	UNITS/DAYS	COST PER	(COST PER
		OR DAYS	OF CARE			Pl	ER UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@ALL OTHER PROVIDERS	0		0	\$.0	0 \$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0		0		.0	0	.00	.000	.00		.00
BLOOD BANK	0		0		.0	0	.00	.000	.00		.00
HEARING AID DISPENSERS	0		0		.0	0	.00	.000	.00		.00
MEDICAL TRANSPORTATION	0		0		.0	0	.00	.000	.00		.00
AMBULANCES/AIR TRANS	0		0		.0		.00	.000	.00		.00
OTHER TRANS	0		0		.0		.00	.000	.00		.00
OTHER SERVICES	0		Ö		.0		.00	.000	.00		.00
ACUPUNCTURE	0		Ō		.0		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0		Ö		.0		.00	.000	.00		.00
GENETIC DISEASE TESTING	0		0		.0		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0		0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0		0		.0		.00	.000	.00		.00
OPTICIAN	0		0		.0		.00	.000	.00		.00
PHYSICAL THERAPIST	0		0		.01		.00	.000	.00		.00
PORTABLE X-RAY	0		0		.00		.00	.000	.00		.00
	0		0		.00		.00	.000	.00		
PROSTHETIST/ORTHOTISTS	U		U		.01	U	.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,761
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION ALD CODES

COLUSA COUNTY	SUMMARY OF SERV	JICES FOR 61 TOTAL	PAREI	NTERAL NUTRITION	AID CO	DES		
						MON	THLY AVERAGE	Ξ
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0 :	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00	.00
@PHARMACY	0	0	\$.00	\$.00	.000 \$.00	\$.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00	.00
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	0	0		.00	.00	.000	.00	.00

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0	\$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DEC	2002	PAGE 1,762
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 61 TOTAL	PARENTERAL NUTRITIO	N AID CO	DES		

MOP024 FEE-FOR-SERVICE/DENTAL

COLUSA COUNTY SUMMARY OF SERVICES FOR 61 TOTAL PARENTERAL NUTRITION AID CODES

------ MONTHLY AVERAGE -----
00 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE

		OR DAYS OF CARE	1		PER	UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000	.00	.00
EYE APPLIANCES	0	0		.00		.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000	.00	.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00		\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00 \$.00	.000 \$.00 \$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITURES	MONTH-OF-PAYMENT REPORT	FOR JAN	2002 THRU DEC	2002	PAGE 1,763
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	61 TOTAL	PARENTERAL NUTRITION	AID CO	DDES		
					MONTH	LY AVERAGE	

00							COCH DED	-
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
0.000,000,000,000,000	Ō	OR DAYS OF CARE		0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0		.00	.00	.000	.00	.00
DEVELOP. DISABLED	0	0		.00	.00	.000	.00	.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000 \$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	0	0		.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
LEV B-REGULAR	0	0		.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	т	.00	.00	.000	.00	.00
ICF DD	0	0		.00	.00	.000	.00	.00
101 22	9	O		• 0 0	• 0 0	• 0 0 0	• 0 0	• 0 0

TOD DDM/DDOM	0		0		0.0		0.0	000		0.0		0.0
ICF DDN/DDCN	0		0	^	.00	<u> </u>	.00	.000	<u>^</u>	.00	Ć.	.00
@HEMODIALYSIS TOTAL	U		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0		0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0		0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0		0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0		0		.00		.00	.000		.00		.00
XO AND OTHERS	0		0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0		0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0		0		.00		.00	.000		.00		.00
SURGICENTER	0		0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0		0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXI	PENDITUR	ES MC	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PAGE	1,764
											0.1	1/17/03
MOP024	FEE-FOR-SERVICE/D	ENTAL									UJ	L/I//U3
			61 TOTA	L PAF	RENTERAL NUTRITION	ī	AID CO	DES			01	1/1//03
MOP024 COLUSA COUNTY	FEE-FOR-SERVICE/D SUMMARY OF SERVIC		61 TOTA	L PAF	RENTERAL NUTRITION	I	AID CO		IONT:	HLY AVERA		
COLUSA COUNTY	SUMMARY OF SERVIC	ES FOR						M			GE	
	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		RENTERAL NUTRITION	AVER	RAGE COST	M UNITS/DAY	S	COST PER	GE COSI	 I PER
COLUSA COUNTY	SUMMARY OF SERVICUSERS U	ES FOR				AVER		M UNITS/DAY	S		GE COSI	
COLUSA COUNTY 00 ELIGIBLES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVER	RAGE COST UNIT/DAY	M UNITS/DAY PER ELIG	S	COST PER USER	GE COST ELIC	 I PER GIBLE
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP.	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00	AVER	RAGE COST UNIT/DAY .00	UNITS/DAY PER ELIG .000	S	COST PER USER .00	GE COST ELIC	FER GIBLE
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00	AVER	RAGE COST UNIT/DAY .00	M UNITS/DAY PER ELIG .000	S	COST PER USER .00	GE COST ELIC	FOR SIBLE .00 .00 .00
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00	AVER	RAGE COST UNIT/DAY .00 .00	UNITS/DAY PER ELIG .000 .000	S	COST PER USER .00 .00	GE COST ELIC	FER GIBLE
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00 .00	GE COST ELIC	I PER GIBLE .00 .00 .00
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000	S	USER .00 .00 .00 .00 .00 .00 .00	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000	S	COST PER USER .00 .00 .00 .00	GE COST ELIC	I PER GIBLE .00 .00 .00
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES ACUPUNCTURE	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000 .000	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0
COLUSA COUNTY 00 ELIGIBLES @ALL OTHER PROVIDERS DURABLE MED. EQUIP. BLOOD BANK HEARING AID DISPENSERS MEDICAL TRANSPORTATION AMBULANCES/AIR TRANS OTHER TRANS OTHER SERVICES	SUMMARY OF SERVICUSERS U	ES FOR	SERVICE		EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00	AVER	RAGE COST UNIT/DAY .00 .00 .00 .00 .00 .00 .00 .00 .00	M UNITS/DAY PER ELIG .000 .000 .000 .000 .000 .000	S	USER	GE COST ELIC	F PER GIBLE .00 .00 .00 .00 .00 .00 .00 .00 .00 .0

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,765
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

COLODII COCNII	DOIMMIN OF BEHAV	1025 1010 02 111011	11111110	411	ID CODEC OI CE	MON'	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000 \$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000 \$.00	\$.00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	0	0		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.00	.000	\$.00 \$	\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000	\$.00 \$	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU DE	EC 2002	PAGE 1,766
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

SUMMARY OF SERVICES FOR 62 IRCA ALIENS AID CODES 51 52 56

COLUSA COUNTY

							M	רות	THLY AVERA	GE	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAY		COST PER	ш	COST PER
00 HH101BH10	ODLING	OR DAYS OF CARE				R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	4	.00	-	.00	.000	7	.00	-	.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	·	.00	·	.00	.000	Ċ	.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00 \$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITUR	ES MONTH-C	F-PAYMENT REPOR	RT FOR JAN 20	02 THRU DEC	2002	PAGE	1,767
MOP024	FEE-FOR-SERVICE/DENTAL							01,	/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	62 IRCA	ALIENS	AID (CODES 51 52 5	6			
					-	MONT	HLY AVERAG	E	

00 ELIGIBLES USERS UNITS OF SERVICE AVERAGE COST UNITS/DAYS COST PER EXPENDITURES COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 0 0 .00 \$.00 .000 \$.00 \$.00 .000 COMM HOSP INPATIENT TOTAL 0 0 .00 .00 .00 .00 .00 HSC HOSPITALS .00 .00 .000 .00 NON-HSC HOSPITALS TOTAL 0 0 .00 .00 .000 .00 .00 ACCOMMODATIONS 0 .00 .00 .000 .00 .00 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 ALL OTHER ACCOM .00 .00 .000 .00 .00 ANCILLARIES 0 .00 .00 .000 .00 .00 INPATIENT CROSSOVERS 0 .00 .00 .000 .00 .00 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL .00 .00 .000 .00 .00 MEDICAL .00 .00 .000 .00 .00 .00 SURGERY .00 .000 .00 .00 0 .00 .00 .00 PATHOLOGY .00 .000 0 .00 .000 RADIOLOGY .00 .00 .00 ROOM USE .00 .00 .000 .00 .00 CROSSOVERS/ALL OTH OUTPTNT 0 .00 .00 .000 .00 .00 .00 .00 .00 @STATE HOSPITAL \$.000 \$.00 MENTALLY ILL 0 .00 .00 .000 .00 .00 DEVELOP. DISABLED 0 .00 .00 .00 .00 .000 0 .00 .00 .00 .000 .00 @NURSING FACILITY LEV A-INTERMEDIATE .00 .00 .000 .00 .00 .000 LEV B-REHAB MD 0 .00 .00 .00 .00 LEV B-SUBACUTE FREESTANDING .00 .00 .000 .00 .00

LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$		\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$		\$.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$		\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	PENDITU	RES MONTH-	OF-PAYMENT RE	EPORT F	OR JAN 20	002 THRU	DEC	2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL									(1/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	62 IRC	A ALIENS	AI	ID CODE	S 51 52 5	56				

COLUSA COUNTY	SUMMARY OF S	SERVICES FOR	62	IRCA	ALIENS		AID	CODES 51 52	56			
									MC	ONTHLY AVE	RAGE	
00 ELIGIBLES	USERS	UNITS OF	SER	VICE		EXPENDITURES	3 .	AVERAGE COST	UNITS/DAYS	S COST PE	R	COST PER
		OR DAYS	OF	CARE				PER UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0)		0	\$.00)	\$.00	.000	\$.0	0 \$.00
DURABLE MED. EQUIP.	0)		0		.00)	.00	.000	.0	0	.00
BLOOD BANK	0)		0		.00)	.00	.000	.0	0	.00
HEARING AID DISPENSERS	0)		0		.00)	.00	.000	.0	0	.00
MEDICAL TRANSPORTATION	0)		0		.00)	.00	.000	.0	0	.00
AMBULANCES/AIR TRANS	0)		0		.00)	.00	.000	.0	0	.00
OTHER TRANS	0)		0		.00)	.00	.000	.0	0	.00
OTHER SERVICES	0)		0		.00)	.00	.000	.0	0	.00
ACUPUNCTURE	0)		0		.00)	.00	.000	.0	0	.00
ADULT DAY HEALTH CARE CTR	0)		0		.00)	.00	.000	.0	0	.00
GENETIC DISEASE TESTING	0)		0		.00)	.00	.000	.0	0	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0)		0		.00)	.00	.000	.0	0	.00
OCCUPATIONAL THERAPIST	0)		0		.00)	.00	.000	.0	0	.00
OPTICIAN	0)		0		.00)	.00	.000	.0	0	.00
PHYSICAL THERAPIST	0)		0		.00)	.00	.000	.0	0	.00
PORTABLE X-RAY	0)		0		.00)	.00	.000	.0	0	.00
PROSTHETIST/ORTHOTISTS	0)		0		.00)	.00	.000	.0	0	.00
PROSTHETICS	0)		0		.00)	.00	.000	.0	0	.00
ORTHOTICS	0)		0		.00)	.00	.000	.0	0	.00
PSYCHOLOGIST	C)		0		.00		.00	.000	.0	0	.00
SPEECH AND AUDIOLOGY	C)		0		.00		.00	.000	.0	0	.00
HOSPICE SERVICES	C)		0		.00)	.00	.000	.0	0	.00
NONINST BIRTHING CENTERS	C)		0		.00		.00	.000	.0		.00
LOCAL EDUCATION AGENCIES	C)		0		.00		.00	.000	.0		.00
EPSDT SUPPLEMENTAL SERVICE	0)		0		.00)	.00	.000	.0	0	.00
RESPIRATORY CARE PRACT.	C)		0		.00)	.00	.000	.0	0	.00
PED SUBACUTE REHAB/WEANING	0)		0		.00)	.00	.000	.0	0	.00
ALL OTHER PROVIDERS	0)		0		.00)	.00	.000	.0	0	.00
@CALIF. CHILDREN SERVICES*	С)		0	\$.00)	\$.00	.000	\$.0	0 \$.00

01/17/03

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY; THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,769 MOP024

FEE-FOR-SERVICE/DENTAL
YOUNG SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F COLUSA COUNTY

					MON	NTHLY AVERA	GE	
886 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	El	LIGIBLE
@TOTAL, ALL PROVIDERS	357	1,980	\$ 163,486.88	\$ 82.57	2.235	457.95	\$	184.52
@PHYSICIANS SERVICES	161	387	\$ 28,565.34	\$ 73.81	.437	177.42	\$	32.24
OUTPATIENT VISITS	40	49	3,125.93	63.79	.055	78.15		3.53
OFFICE VISITS	19	21	888.43	42.31	.024	46.76		1.00
HOME VISITS	0	0	.00	.00	.000	.00		.00
EMERGENCY ROOM	2	2	68.98	34.49	.002	34.49		.08
PREVENTIVE CARE	0	0	.00	.00	.000	.00		.00
OB VISITS/COMPRE PERI	16	21	2,060.04	98.10	.024	128.75		2.33
OTHER OUTPATIENT	3	5	108.48	21.70	.006	36.16		.12
INPATIENT VISITS	22	58	2,387.25	41.16	.065	108.51		2.69
HOSPITAL VISITS	22	53	2,138.20	40.34	.060	97.19		2.41
CRITICAL CARE	2	3	211.85	70.62	.003	105.93		.24
SNF/ICF/TRANS IP CARE	1	2	37.20	18.60	.002	37.20		.04
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00		.00
EXAMINATIONS	0	0	.00	.00	.000	.00		.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00		.00
INPATIENT HOSPITAL SURGERY	22	72	18,910.88	262.65	.081	859.59		21.34
PRINCIPAL SURGEON	19	20	17,576.10	878.81	.023	925.06		19.84
ASSISTANT SURGEON	3	2	419.62	209.81	.002	139.87		.47
ANESTHESIOLOGIST	2	50	915.16	18.30	.056	457.58		1.03
OUTPATIENT SURGERY	18	41	953.29	23.25	.046	52.96		1.08
PRINCIPAL SURGEON	18	41	953.29	23.25	.046	52.96		1.08

ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	43	56		467.64		8.35	.063		10.88		.53
RADIOLOGY	63	90		1,893.95		21.04	.102		30.06		2.14
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	13	21		826.40		39.35	.024		63.57		.93
@PHARMACY	116	226	\$	4,058.68	\$	17.96	.255	\$	34.99	\$	4.58
PRESCRIPTION DRUGS	115	222		3,926.33		17.69	.251		34.14		4.43
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	115	222		3,926.33		17.69	.251		34.14		4.43
MEDICAL SUPPLIES	2	4		132.35		33.09	.005		66.18		.15
@DENTIST	1	2	\$	55.00	\$	27.50	.002	\$	55.00	\$.06
VISITS - DIAGNOSTIC	1	2		55.00		27.50	.002		55.00		.06
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	0	0		.00		.00	.000		.00		.00
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		ES MOI	NTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC 2	2002	PAGE	•
MOP024	FEE-FOR-SERVICE/DENTAL									0	1/17/03

						MO	ГИС	HLY AVERA	GE	
886 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER		COST PER
		OR DAYS OF CARE		PΕ	R UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00		.00	.000		.00		.00
EYE APPLIANCES	0	0	.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0	.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0	.00		.00	.000		.00		.00
OTHER SERVICES	0	0	.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00		.00	.000		.00		.00
SURGERY/ANES.	0	0	.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0	.00		.00	.000		.00		.00
OTHER	0	0	.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	9	16	\$ 839.92	\$	52.50		\$	93.32	\$.95
NURSE ANESTHESIST	5	30	\$ 658.34	\$	21.94	.034	\$	131.67	\$.74
NURSE MIDWIFE	1	1	\$ 126.31	\$	126.31	.001	\$	126.31	\$.14
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	169	900	\$ 112,479.26	\$	124.98	1.016	\$	665.56	\$	126.95
HOSP INPATIENT TOTAL	20	80	90,558.95		1131.99	.090		4527.95		102.21
HSC HOSPITALS	2	4	4,038.03		1009.51	.005		2019.02		4.56
NON-HSC HOSPITAL TOTAL	18	76	86,520.92		1138.43	.086		4806.72		97.65
ACCOMMODATIONS	18	76	22,592.11		297.26	.086		1255.12		25.50

SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

COLUSA COUNTY

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	18	76		22,592.11	297.26	.086	1255.12		25.50
ANCILLARIES	18	0		63,928.81	.00	.000	3551.60		72.15
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	159	820		21,920.31	26.73	.926	137.86		24.74
MEDICAL	44	59		3,819.10	64.73	.067	86.80		4.31
SURGERY	3	3		343.94	114.65	.003	114.65		.39
PATHOLOGY	79	289		3,156.32	10.92	.326	39.95		3.56
RADIOLOGY	72	102		5,295.34	51.92	.115	73.55		5.98
ROOM USE	78	135		4,889.54	36.22	.152	62.69		5.52
CROSSOVERS/ALL OTH OUTPINT	69	232		4,416.07	19.03	.262	64.00		4.98
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDITU	RES MON	NTH-OF-PAYMENT RE	EPORT FOR JAN	2002 THRU D	EC 2002	PAG	GE 1,771
MOP024	FEE-FOR-SERVICE	/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 63 MI/	MN ALIE	EN WITHOUT SIS A	ID CODE 55 58	5F			
						MC	NTHLY AVERA	GE	
886 ELIGIBLES	USERS	UNITS OF SERVICE	₹.	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	CC	OST PER
		OR DAYS OF CAR	₹.		PER UNIT/DAY	PER ELIG	USER	EI	LIGIBLE
@COMMUNITY HOSPITAL TOTAL	169	900	\$	112,479.26	\$ 124.98	1.016	\$ 665.56	\$	126.95
COMM HOSP INPATIENT TOTAL	20	80		90,558.95	1131.99	.090	4527.95		102.21

					11011	111111 11111111	,
886 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	169	900 \$	112,479.26	\$ 124.98	1.016 \$	665.56	\$ 126.95
COMM HOSP INPATIENT TOTAL	20	80	90,558.95	1131.99	.090	4527.95	102.21
HSC HOSPITALS	2	4	4,038.03	1009.51	.005	2019.02	4.56
NON-HSC HOSPITALS TOTAL	18	76	86,520.92	1138.43	.086	4806.72	97.65
ACCOMMODATIONS	18	76	22,592.11	297.26	.086	1255.12	25.50
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	18	76	22,592.11	297.26	.086	1255.12	25.50
ANCILLARIES	18	0	63,928.81	.00	.000	3551.60	72.15
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	159	820	21,920.31	26.73	.926	137.86	24.74
MEDICAL	44	59	3,819.10	64.73	.067	86.80	4.31
SURGERY	3	3	343.94	114.65	.003	114.65	.39
PATHOLOGY	79	289	3,156.32	10.92	.326	39.95	3.56
RADIOLOGY	72	102	5,295.34	51.92	.115	73.55	5.98
ROOM USE	78	135	4,889.54	36.22	.152	62.69	5.52
CROSSOVERS/ALL OTH OUTPINT	69	232	4,416.07	19.03	.262	64.00	4.98
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	82	184	\$	3,650.81	\$	19.84	.208	\$	44.52	\$	4.12
PATHOLOGY	82	184		3,650.81		19.84	.208		44.52		4.12
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	43	76	\$	7,019.24	\$	92.36	.086	\$	163.24	\$	7.92
CLINIC	3	14		1,637.95		117.00	.016		545.98		1.85
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	40	62		5,381.29		86.80	.070		134.53		6.07
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU	RES M	ONTH-OF-PAYMENT R	REPORT	FOR JAN	2002 THRU	DEC	2002	PA	GE 1,772
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 63 MI/MN ALIEN WITHOUT SIS AID CODE 55 58 5F

886 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@ALL OTHER PROVIDERS	20	158 \$	6,033.98	\$ 38.19	.178 \$		
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	5	136	3,750.18	27.57	.153	750.04	4.23
AMBULANCES/AIR TRANS	5	135	1,950.18	14.45	.152	390.04	2.20
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	1	1	1,800.00	1800.00	.001	1800.00	2.03
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	14	14	1,257.00	89.79	.016	89.79	1.42
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	1	8	1,026.80	128.35	.009	1026.80	1.16
PROSTHETICS	1	8	1,026.80	128.35	.009	1026.80	1.16
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	7	\$ 65.60	\$ 9.37	.008	\$ 65.60	\$.07
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,773 01/17/03

MOP024	FEE-FOR-SERVIC	E/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR	64 REFU	JGEES	A.	ID COI	DES 01 02	08			
								M	ONT	HLY AVERAC	E
00 ELIGIBLES	USERS	UNITS OF	-		EXPENDITURES	AVE	RAGE COST	UNITS/DAY	S	COST PER	COST PER
		OR DAYS	OF CARE]		PER	UNIT/DAY	PER ELIG		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0		0	\$.00	\$.00	.000	\$		\$.00
@PHYSICIANS SERVICES	0		0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0		0		.00		.00	.000		.00	.00
OFFICE VISITS	0		0		.00		.00	.000		.00	.00
HOME VISITS	0		0		.00		.00	.000		.00	.00
EMERGENCY ROOM	0		0		.00		.00	.000		.00	.00
PREVENTIVE CARE	0		0		.00		.00	.000		.00	.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000		.00	.00
OTHER OUTPATIENT	0		0		.00		.00	.000		.00	.00
INPATIENT VISITS	0		0		.00		.00	.000		.00	.00
HOSPITAL VISITS	0		0		.00		.00	.000		.00	.00
CRITICAL CARE	0		0		.00		.00	.000		.00	.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000		.00	.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000		.00	.00
EXAMINATIONS	0		0		.00		.00	.000		.00	.00
SERVICES AND MATERIALS	0		0		.00		.00	.000		.00	.00
INPATIENT HOSPITAL SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
OUTPATIENT SURGERY	0		0		.00		.00	.000		.00	.00
PRINCIPAL SURGEON	0		0		.00		.00	.000		.00	.00
ASSISTANT SURGEON	0		0		.00		.00	.000		.00	.00
ANESTHESIOLOGIST	0		0		.00		.00	.000		.00	.00
DIALYSIS	0		0		.00		.00	.000		.00	.00
PATHOLOGY	0		0		.00		.00	.000		.00	.00
RADIOLOGY	0		0		.00		.00	.000		.00	.00
PSYCHIATRY	0		0		.00		.00	.000		.00	.00
IMMUNIZATION AND INJECTION	0		0		.00		.00	.000		.00	.00
OTHER SERVICES/ALL X-OVERS	0		0		.00		.00	.000		.00	.00
@PHARMACY	0		0	\$.00	\$.00	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0		0		.00		.00	.000		.00	.00
SNF/ICF	0		0		.00		.00	.000		.00	.00
OUTPATIENTS	0		0		.00		.00	.000		.00	.00
MEDICAL SUPPLIES	0		0		.00		.00	.000		.00	.00
@DENTIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0		0		.00		.00	.000		.00	.00
ORAL SURGERY	0		0		.00		.00	.000		.00	.00
DRUGS	0		0		.00		.00	.000		.00	.00
ANESTHESIA	0		0		.00		.00	.000		.00	.00

PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES MC	NTH-OF-PAYMENT RE	PORT FOR JAN 2	002 THRU DE	C 2002	PAGE 1,774
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES F	OR 64 REFUGEES	AI	D CODES 01 02	08		
					MON	THLY AVERA	GE
00 ELIGIBLES	USERS UNITS	OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
	OR D.	AYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@OPTOMETRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	0	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	0	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00

0 \$ 0 \$ 0 \$ 0 \$

0

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

@HOME HEALTH AGENCY

NURSE ANESTHESIST

PEDIATRIC NURSE PRACTITIONER

NURSE MIDWIFE

.000 \$

.000 \$

.000 \$

.000 \$

.00 \$

.00 \$

.00 \$

.00 \$

.00

.00

.00

.00

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000		\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000		Ś	.00
CO HOSPITAL INPATIENT TOTAL	0	0	7	.00	.00	.000	.00	7	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV		•	DEC MO	NTH-OF-PAYMENT R				DΛ	.GE 1,775
MOP024	FEE-FOR-SERVICE		VEO MO	MIII OF FAIMENT N	LECKI FOR UAN	2002 IIINO I	DEC 2002	ΙA	01/17/03
COLUSA COUNTY		ICES FOR 64 REFU	ICEES	7	ID CODES 01 02	2 0.8			01/1//03
COLOSA COUNTI	SOMMANI OF SERV.	ICES FOR 04 REF	وعظى	A	.10 CODES 01 02		NTHLY AVERA	CF -	
00 ELIGIBLES	USERS	UNITS OF SERVICE	7	EXPENDITURES	AVERAGE COST				OST PER
AA EFIGIDIES	CALCO	OR DAYS OF CARE		PVLFNDIIOKF9	PER UNIT/DAY		USER		LIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	OR DAIS OF CARE	\$.00	\$.00	.000			.00
COMM HOSP INPATIENT TOTAL	0	0	Y	.00	, .00 00				

00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00

SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	' 0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
MENTALLY ILL	0	0	.00	.00	.000	.00	.00
	0	· · · · · · · · · · · · · · · · · · ·					
DEVELOP. DISABLED	U	0	.00	.00	.000	.00	.00
@NURSING FACILITY	0	0 \$.00	\$.00	.000 \$		\$.00
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.00
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE FREESTANDING	; O	0	.00	.00	.000	.00	.00
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD	0	0 \$.00	\$.00	.000 \$.00	\$.00
ICF DDH	0	0	.00	.00	.000	.00	.00
ICF DD	0	0	.00	.00	.000	.00	.00
	0	~					
ICF DDN/DDCN	U	0	.00	.00	.000	.00	.00
@HEMODIALYSIS TOTAL	O	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.00
@REHABILITATION FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSPITAL BASED	0	0	.00	.00	.000	.00	.00
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
@LABORATORY FACILITY	0	0 \$.00	\$.00	.000 \$.00	\$.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS	0	0	.00	.00	.000	.00	.00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$.00	\$.00	.000 \$.00	\$.00
-	0	0 2	.00		·	.00	.00
CLINIC	0	0		.00	.000		
SURGICENTER	U	0	.00	.00	.000	.00	.00
HEROIN DETOX CLINIC	Ü	0	.00	.00	.000	.00	.00
RURAL HEALTH CLINIC	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MON	TH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2002	PAGE 1,776
MOP024	FEE-FOR-SERVICE	L/DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 64 REFUGEES	AI	D CODES 01 02	08		
					MONT	HLY AVERAG	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$.00	\$.00	.000 \$.00	\$.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
	0	0					
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	U	U	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	O	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PHISICAL THERAPIST PORTABLE X-RAY	0		.00		.000	.00	
		0		.00			.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MOP024

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,777 FEE-FOR-SERVICE/DENTAL

01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 65 BCCTP-FEDERAL AID CODES 0M 0N

COLUBA COUNTI	SOMMAN OF SEN	VICES FOR 03 DCCIF	LEDEIME		AID CODES ON	OIN		
						MON	ITHLY AVERA	GE
03 ELIGIBLES	USERS	UNITS OF SERVICE	E:	XPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	14	317	\$	12,031.78	\$ 37.96	105.667	859.41	\$ 4010.59
@PHYSICIANS SERVICES	9	254	\$	7,056.07	\$ 27.78	84.667		
OUTPATIENT VISITS	7	16		595.60	37.23	5.333	85.09	198.53
OFFICE VISITS	7	16		595.60	37.23	5.333	85.09	198.53
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		674.61	674.61	.333	674.61	224.87
PRINCIPAL SURGEON	1	1		674.61	674.61	.333	674.61	224.87
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	2	15		19.28	1.29	5.000	9.64	6.43
RADIOLOGY	3	6		329.16	54.86	2.000	109.72	109.72
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	200		5,155.57	25.78	66.667	1031.11	1718.52
OTHER SERVICES/ALL X-OVERS	5	16		281.85	17.62	5.333	56.37	93.95
@PHARMACY	13	35	\$	3,221.32	\$ 92.04	11.667	247.79	\$ 1073.77
PRESCRIPTION DRUGS	12	34		3,138.38	92.31	11.333	261.53	1046.13
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	12	34		3,138.38	92.31	11.333	261.53	1046.13

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

MEDICAL SUPPLIES	1		1		82.94		82.94	.333		82.94		27.65
@DENTIST	0		0	\$.00	\$.00	.000	Ś	.00	\$.00
VISITS - DIAGNOSTIC	0		0	т	.00	7	.00	.000	т.	.00	4	.00
ORAL SURGERY	0		0		.00		.00	.000		.00		.00
DRUGS	0		0		.00		.00	.000		.00		.00
ANESTHESIA	0		0		.00		.00	.000		.00		.00
PERIODONTICS	0		0		.00		.00	.000		.00		.00
ENDODONTICS	0		0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0		0		.00		.00	.000		.00		.00
PROSTHETICS	0		0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0		0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0		0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0		0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0		0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0		0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0		0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPE	•	S MONTH-C		EPORT			DEC		P	AGE 1,778
MOP024	FEE-FOR-SERVICE/D		VDII OIKI	1011111	OL LINITIDINI IN	штоткт	1010 01110 2	2002 1111(0	рцс	2002		01/17/03
COLUSA COUNTY	SUMMARY OF SERVIC		5 BCCTE	P-FEDERAL		ATD	CODES OM	ON				01/1//00
COLOGII CCCNII	SOLITIME OF SERVICE		DOOLL			1112	CODEC OII	M	ОИТІ	HLY AVERA	GE	
03 ELIGIBLES	USERS U	NITS OF SE	ERVICE	E	KPENDITURES	AVEI	RAGE COST	UNITS/DAY				COST PER
00 22101222		OR DAYS O			11 2112 1 01120		UNIT/DAY	PER ELIG	-	USER		ELIGIBLE
@OPTOMETRIST	0		0	\$.00	\$.00	.000		.00		.00
DIAGNOSTIC AND ANC. PROCED	0		0	•	.00	'	.00	.000		.00		.00
EYE APPLIANCES	0		0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	Ś	.00	\$.00	.000	Ś		\$.00
VISITS	0		0	'	.00	'	.00	.000		.00		.00
OTHER SERVICES	0		0		.00		.00	.000		.00		.00
@PODIATRIST	0		0	Ś	.00	\$.00	.000	Ś	.00	Ś	.00
MEDICINE/INJECTIONS	0		Ö	•	.00	'	.00	.000		.00		.00
SURGERY/ANES.	0		0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0		.00		.00	.000		.00		.00
OTHER	0		0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		Ö	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0		0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0		0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0		0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	5		10	\$	1,011.61	\$	101.16	3.333	\$	202.32	\$	337.20
HOSP INPATIENT TOTAL	0		0	•	.00	•	.00	.000		.00		.00
HSC HOSPITALS	0		0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0		0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0		0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0		0		.00		.00	.000		.00		.00
ANCILLARIES	0		0		.00		.00	.000		.00		.00
TMD/MIENM CDOCCOVEDC	0		0		0.0		0.0	000		0.0		0.0

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268.87

742.74

1,011.61

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44.81

185.69

101.16

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89.62

247.58

337.20

.00

.00

.00

.00

.00

67.22

742.74

202.32

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

HOSP OUTPATIENT TOTAL

MEDICAL

SURGERY

PATHOLOGY

RADIOLOGY

ROOM USE

CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	XPENDITURES	MONTH-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU DEC	C 2002	PAGE 1,779
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	65 BCCTP-I	FEDERAL	AID CODES 0M	ON		
					MON'	THLY AVERA	GE
03 ELIGIBLES		F SERVICE	EXPENDITURES	AVERAGE COST		COST PER	COST PER
	OR DAY:	S OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10 \$	1,011.61	\$ 101.16	3.333 \$		\$ 337.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00

ALL OTHER ACCOM	0	0			.00		.00	.000		.00		.00
ANCILLARIES	0	0			.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0			.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0			.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	5	10			1,011.61		101.16	3.333		202.32		337.20
MEDICAL	0	0			.00		.00	.000		.00		.00
SURGERY	0	0			.00		.00	.000		.00		.00
PATHOLOGY	4	6			268.87		44.81	2.000		67.22		89.62
RADIOLOGY	1	4			742.74		185.69	1.333		742.74		247.58
ROOM USE	0	0			.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0			.00		.00	.000		.00		.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
MENTALLY ILL	0	0	Ÿ		.00	Y	.00	.000	Y	.00	Y	.00
DEVELOP. DISABLED	0	0			.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	Ś	.00
-	0	0	Ą			Ş			Ą		Ą	
LEV A-INTERMEDIATE	0	0			.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0			.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	•			.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	U	0			.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	U	0			.00		.00	.000		.00		.00
LEV B-REGULAR	0	0	_		.00	_	.00	.000	_	.00	_	.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0			.00		.00	.000		.00		.00
ICF DD	0	0			.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0			.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0			.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0			.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0			.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$		228.54	\$	19.05	4.000	\$	45.71	\$	76.18
PATHOLOGY	5	12			228.54		19.05	4.000		45.71		76.18
XO AND OTHERS	0	0			.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$		514.24	\$	85.71	2.000	\$	102.85	\$	171.41
CLINIC	0	0			.00		.00	.000		.00		.00
SURGICENTER	0	0			.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0			.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6			514.24		85.71	2.000		102.85		171.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE	ES AND EXPENDIT	URES	MONTH-C	F-PAYMENT R	EPORT	FOR JAN	2002 THRU	DEC	2002	P	AGE 1,780
MOP024	FEE-FOR-SERVICE,	/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 65 BC	CTP-F	FEDERAL		AID	CODES 0M	I ON				
								l	TNON	HLY AVERA	.GE	
03 ELIGIBLES	USERS	UNITS OF SERVI	CE	EX	PENDITURES	AVE	RAGE COST	UNITS/DAY	ZS (COST PER		COST PER
		OR DAYS OF CA	.RE			PER	UNIT/DAY	PER ELIC	3	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0			.00		.00	.000		.00		.00
BLOOD BANK	0	0			.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0			.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0			.00		.00	.000		.00		.00
AMBULANCES/AIR TRANS	0	0			.00		.00	.000		.00		.00
OTHER TRANS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
ACUPUNCTURE	0	0			.00		.00	.000		.00		.00
ADULT DAY HEALTH CARE CTR	Ö	0			.00		.00	.000		.00		.00
GENETIC DISEASE TESTING	0	0			.00		.00	.000		.00		.00
22.2110 21021100 1001110	•	O			• • • •		• • • •	• • • • •		• • • •		• • • •

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,781 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR 66 BCCTP-STATE-ONLY AID CODES OR OT

					MON'	THLY AVERAG	E
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	2	3 \$	66.10	\$ 22.03	.000 \$	33.05	\$.00
@PHYSICIANS SERVICES	2	3 \$	66.10	\$ 22.03	.000 \$	33.05	\$.00
OUTPATIENT VISITS	2	3	66.10	22.03	.000	33.05	.00
OFFICE VISITS	2	3	66.10	22.03	.000	33.05	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.0	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.0	.000	.00	.00
@PHARMACY	0	0 \$.00	\$.0	.000	\$.00	\$.00
PRESCRIPTION DRUGS	0	0	.00	.0	.000	.00	.00
SNF/ICF	0	0	.00	.0	.000	.00	.00
OUTPATIENTS	0	0	.00	.0	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.0	.000	.00	.00
@DENTIST	0	0 \$.00	\$.0	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.0	.000	.00	.00
ORAL SURGERY	0	0	.00	.0	.000	.00	.00
DRUGS	0	0	.00	.0	.000	.00	.00
ANESTHESIA	0	0	.00	.0	.000	.00	.00
PERIODONTICS	0	0	.00	.0	.000	.00	.00
ENDODONTICS	0	0	.00	.0	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.0	.000	.00	.00
PROSTHETICS	0	0	.00	.0	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.0	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.0	000.	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.0	000.	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.0	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.0	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.0	000.	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND I	EXPENDITURES	MONTH-OF-PAYMENT	REPORT FOR J.	AN 2002 THRU	DEC 2002	PAGE 1,782
MOP024	FEE-FOR-SERVICE/DENTAL						01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R 66 BCCTP-	STATE-ONLY	AID CODES	0R 0T		

COLUSA COUNTI	SOMMAKI OF SEK	VICES FOR 00 DCCI	E-21F	TE-ONTI	AIL	CODES OF	01				
							MO	TNC	HLY AVERA	GE.	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	3	COST PER		COST PER
		OR DAYS OF CARE			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0		.00		.00	.000		.00		.00
EYE APPLIANCES	0	0		.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0		.00		.00	.000		.00		.00
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0		.00		.00	.000		.00		.00
SURGERY/ANES.	0	0		.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE ANESTHESIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00

HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	Ô	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
	0	0					
CROSSOVERS/ALL OTH OUTPTNT	0	-	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$		•
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	Ô	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0					
	0	0	.00	.00	.000	.00	.00
MEDICAL	0	Ü	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES MON	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,783
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
COLUSA COUNTY		ICES FOR 66 BCCTP-STAT	PE_ONI V	AID CODES OR	ОТ		01/1//00
***************************************	00111111111 01 02111	Tello Tolk oo beell billi	IE ONLI	TILD CODED OIL		THIV AMERA	GF
					MON		
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	MON UNITS/DAYS	COST PER	COST PER
00 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	MON UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL	USERS 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$	COST PER USER .00	COST PER ELIGIBLE \$.00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES .00 .00	AVERAGE COST PER UNIT/DAY \$.00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$	EXPENDITURES .00 .00 .00	AVERAGE COST PER UNIT/DAY \$.00 .00	MON UNITS/DAYS PER ELIG .000 \$.000	COST PER USER .00 .00	COST PER ELIGIBLE \$.00 .00
00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
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00 ELIGIBLES @COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL	USERS 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0	EXPENDITURES	AVERAGE COST PER UNIT/DAY \$.00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000	COST PER USER .00 .00 .00	COST PER ELIGIBLE \$.00 .00 .00 .00
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@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
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@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPTNT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY LEV A-INTERMEDIATE	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00
@COMMUNITY HOSPITAL TOTAL COMM HOSP INPATIENT TOTAL HSC HOSPITALS NON-HSC HOSPITALS TOTAL ACCOMMODATIONS ADMINISTRATIVE DAYS TRANSITIONAL IP CARE ALL OTHER ACCOM ANCILLARIES INPATIENT CROSSOVERS ALL OTHER INPATIENT COMM HOSP OUTPATIENT TOTAL MEDICAL SURGERY PATHOLOGY RADIOLOGY ROOM USE CROSSOVERS/ALL OTH OUTPINT @STATE HOSPITAL MENTALLY ILL DEVELOP. DISABLED @NURSING FACILITY	USERS 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	UNITS OF SERVICE OR DAYS OF CARE 0 \$ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	EXPENDITURES .00 .00 .00 .00 .00 .00 .00 .00 .00 .	AVERAGE COST PER UNIT/DAY \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00	MON UNITS/DAYS PER ELIG .000 \$.000 .000 .000 .000 .000 .000 .0	COST PER USER .00 .00 .00 .00 .00 .00 .00 .00 .00 .0	COST PER ELIGIBLE \$.00 .00 .00 .00 .00 .00 .00 .00 .00 .00

	0			0.0		0.0	0.00		0.0		0.0
LEV B-SUBACUTE HSPTL BASED	U	U		.00		.00	.000		00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		00		.00
LEV B-REGULAR	0	0		.00		.00	.000		00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	•	00	\$.00
ICF DDH	0	0		.00		.00	.000		00		.00
ICF DD	0	0		.00		.00	.000		00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.	00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.	00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.	00	\$.00
PATHOLOGY	0	0		.00		.00	.000		00		.00
XO AND OTHERS	0	0		.00		.00	.000		00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.	00	\$.00
CLINIC	0	0		.00		.00	.000		00		.00
SURGICENTER	0	0		.00		.00	.000		00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND 1	EXPENDITUE	RES MONT	H-OF-PAYMENT RE	EPORT	FOR JAN 2	2002 THRU 1	DEC 2002		PAGE	1,784
MOP024	FEE-FOR-SERVICE/DENTAL									01	1/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	R 66 BCCI	P-STATE	-ONLY	AID	CODES OR	OT				
							MO	ONTHLY AV	ERA	GE	
00 ELIGIBLES	USERS UNITS (OF SERVICE	E	EXPENDITURES	AVE	RAGE COST	UNITS/DAYS	S COST F	ER	COST	PER
	OR DA	S OF CARE	E		PER	UNIT/DAY	PER ELIG	USEF		ELIC	SIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.	00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		00		.00
BLOOD BANK	0	0		.00		.00	.000		00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		00		.00

AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$.00 \$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$.00 \$.00	.000 \$.00 \$.00

@* TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,785 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

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03 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	NTHLY AVERA COST PER	COST PER
03 ELIGIBLES	USEKS			EVERNATIONES				
	1.0	OR DAYS OF CAR		10 007 00	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	16	320	\$	12,097.88	\$ 37.81	106.667		•
@PHYSICIANS SERVICES	11	257	Ş	7,122.17	\$ 27.71	85.667		\$ 2374.06
OUTPATIENT VISITS	9	19		661.70	34.83	6.333	73.52	220.57
OFFICE VISITS	9	19		661.70	34.83	6.333	73.52	220.57
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	1	1		674.61	674.61	.333	674.61	224.87
PRINCIPAL SURGEON	1	1		674.61	674.61	.333	674.61	224.87

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	2	15	19.28	1.29	5.000	9.64	6.43
RADIOLOGY	3	6	329.16	54.86	2.000	109.72	109.72
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	5	200	5,155.57	25.78	66.667	1031.11	1718.52
OTHER SERVICES/ALL X-OVERS	5	16	281.85	17.62	5.333	56.37	93.95
@PHARMACY	13	35 \$	3,221.32	\$ 92.04	11.667	\$ 247.79	\$ 1073.77
PRESCRIPTION DRUGS	12	34	3,138.38	92.31	11.333	261.53	1046.13
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	12	34	3,138.38	92.31	11.333	261.53	1046.13
MEDICAL SUPPLIES	1	1	82.94	82.94	.333	82.94	27.65
@DENTIST	0	0 \$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES	AND EXPENDITURES	MONTH-OF-PAYMENT 1	REPORT FOR JAN	1 2002 THRU	DEC 2002	PAGE 1,786

01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL

SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL COLUSA COUNTY

----- MONTHLY AVERAGE -----03 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE .00 \$ @OPTOMETRIST 0 0 .00 .000 \$.00 \$.00 DIAGNOSTIC AND ANC. PROCED 0 Ω .00 .00 .000 .00 .00 .00 .00 .000 .00 EYE APPLIANCES .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 .00 \$ @CHIROPRACTOR .00 .000 \$.00 \$.00 .00 VISITS .00 .000 .00 .00 .00 OTHER SERVICES 0 .00 .000 .00 @PODIATRIST .00 \$.00 .000 \$.00 \$.00 .00 MEDICINE/INJECTIONS .00 .000 .00 .00 SURGERY/ANES. . 00 .000 . 00 . 00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .00 \$.00 .00 \$ @HOME HEALTH AGENCY .000 \$.00 .00 \$ NURSE ANESTHESIST .00 .000 \$.00 \$.00 NURSE MIDWIFE 0 .00 .00 .000 \$.00 \$.00 0 .00 .00 \$.00 .000 \$ PEDIATRIC NURSE PRACTITIONER .00 0 .00 .00 .00 \$ FAMILY NURSE PRACTITIONER .000 \$.00 10 \$ 101.16 202.32 \$ 337.20 @TOTAL HOSPITAL 1,011.61 3.333 \$ 0 .00 .00 .00 .000 .00 HOSP INPATIENT TOTAL HSC HOSPITALS 0 .00 .00 .000 .00 .00 .000 NON-HSC HOSPITAL TOTAL .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 .00 .00

ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	5	10		1,011.61	101.16	3.333	202.32		337.20
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	4	6		268.87	44.81	2.000	67.22		89.62
RADIOLOGY	1	4		742.74	185.69	1.333	742.74		247.58
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
HSC HOSPITALS	0	0		.00	.00	.000	.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00		.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00		.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00		.00
ANCILLARIES	0	0		.00	.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00		.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00	.00	.000	.00		.00
MEDICAL	0	0		.00	.00	.000	.00		.00
SURGERY	0	0		.00	.00	.000	.00		.00
PATHOLOGY	0	0		.00	.00	.000	.00		.00
RADIOLOGY	0	0		.00	.00	.000	.00		.00
ROOM USE	0	0		.00	.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PAYMENT RI	EPORT FOR JAN	2002 THRU DE	C 2002	PA	AGE 1,787
MOP024	FEE-FOR-SERVICE	C/DENTAL							01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 67 BCC	TP-TO:	TAL					
						MON	THLY AVERA	GE -	
03 ELIGIBLES	USERS	UNITS OF SERVICE	Ε	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	COST PER
		OR DAYS OF CAR	FC.		PER IINTT/DAY	PER ELIG	IISER	H.	TITGIBLE

					1101	. 4 . 1 . 1 . 1 . 4 . 1 . 4 . 1	OLI
03 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	5	10	\$ 1,011.61	\$ 101.16	3.333	\$ 202.32	\$ 337.20
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	5	10	1,011.61	101.16	3.333	202.32	337.20
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	4	6	268.87	44.81	2.000	67.22	89.62
RADIOLOGY	1	4	742.74	185.69	1.333	742.74	247.58
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	\$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	5	12	\$	228.54	\$	19.05	4.000	\$	45.71	\$	76.18
PATHOLOGY	5	12		228.54		19.05	4.000		45.71		76.18
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	5	6	\$	514.24	\$	85.71	2.000	\$	102.85	\$	171.41
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	5	6		514.24		85.71	2.000		102.85		171.41
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES M	ONTH-OF-PAYMENT RE	PORT	FOR JAN	2002 THRU	DEC	2002	PΖ	AGE 1,788
MOP024	FEE-FOR-SERVICE/DENTAL	ı									01/17/03

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 67 BCCTP-TOTAL

03 ELIGIBLES AVERAGE COST UNITS/DAYS COST PER **USERS** UNITS OF SERVICE EXPENDITURES COST PER USER OR DAYS OF CARE PER UNIT/DAY PER ELIG ELIGIBLE 0 @ALL OTHER PROVIDERS 0 .00 .00 .000 \$.00 \$.00 DURABLE MED. EQUIP. 0 0 .00 .00 .000 .00 .00 BLOOD BANK 0 0 .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HEARING AID DISPENSERS MEDICAL TRANSPORTATION .00 .00 .000 .00 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 OTHER TRANS .00 .00 .000 .00 .00 OTHER SERVICES .00 .00 .000 .00 .00 ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 IHMC, MODEL-NF, NF, AIDS, MSSP .00 .00 .00 OCCUPATIONAL THERAPIST .00 .000 .00 .000 OPTICIAN .00 .00 .00 PHYSICAL THERAPIST .00 .00 .000 .00 .00 PORTABLE X-RAY .00 .00 .000 .00 .00 .00 .00 .00 PROSTHETIST/ORTHOTISTS .000 .00 PROSTHETICS .00 .00 .000 .00 .00 .00 .00 .00 .00 ORTHOTICS .000 .00 .00 .000 .00 .00 PSYCHOLOGIST SPEECH AND AUDIOLOGY .00 .00 .000 .00 .00 HOSPICE SERVICES .00 .00 .000 .00 .00 NONINST BIRTHING CENTERS .00 .00 .000 .00 .00

----- MONTHLY AVERAGE -----

LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,789
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 68 OMB - ONLY ALD CODE

COLUSA COUNTY	SUMMARY OF SERV	VICES FOR	68 ČMR	- ONLY			AID CO	JDE			
								Mo	NTHLY AVERA	AGE ·	
45 ELIGIBLES	USERS	UNITS OF	SERVICE	Ξ	EXPENDITURES	AVE	RAGE COST	UNITS/DAY:	COST PER	(COST PER
		OR DAYS	OF CARE	Ξ		PER	UNIT/DAY	PER ELIG	USER]	ELIGIBLE
@TOTAL, ALL PROVIDERS	23		406	\$	142,303.14	\$	350.50	9.022	\$ 6187.09	\$	3162.29
@PHYSICIANS SERVICES	5		19	\$	507.51	\$	26.71	.422	\$ 101.50	\$	11.28
OUTPATIENT VISITS	0		0		.00		.00	.000	.00		.00
OFFICE VISITS	0		0		.00		.00	.000	.00		.00
HOME VISITS	0		0		.00		.00	.000	.00		.00
EMERGENCY ROOM	0		0		.00		.00	.000	.00		.00
PREVENTIVE CARE	0		0		.00		.00	.000	.00		.00
OB VISITS/COMPRE PERI	0		0		.00		.00	.000	.00		.00
OTHER OUTPATIENT	0		0		.00		.00	.000	.00		.00
INPATIENT VISITS	0		0		.00		.00	.000	.00		.00
HOSPITAL VISITS	0		0		.00		.00	.000	.00		.00
CRITICAL CARE	0		0		.00		.00	.000	.00		.00
SNF/ICF/TRANS IP CARE	0		0		.00		.00	.000	.00		.00
OPHTHALMOLOGICAL SERVICES	0		0		.00		.00	.000	.00		.00
EXAMINATIONS	0		0		.00		.00	.000	.00		.00
SERVICES AND MATERIALS	0		0		.00		.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
OUTPATIENT SURGERY	0	0			.00		.00	.000		.00		.00
PRINCIPAL SURGEON	0	0			.00		.00	.000		.00		.00
ASSISTANT SURGEON	0	0			.00		.00	.000		.00		.00
ANESTHESIOLOGIST	0	0			.00		.00	.000		.00		.00
DIALYSIS	0	0			.00		.00	.000		.00		.00
PATHOLOGY	0	0			.00		.00	.000		.00		.00
RADIOLOGY	0	0			.00		.00	.000		.00		.00
PSYCHIATRY	0	0			.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0			.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	5	19			507.51		26.71	.422		101.50		11.28
@PHARMACY	0	1	\$		7.01CR	Ċ	7.01CR	.022	\$.00	\$.16CR
PRESCRIPTION DRUGS	0	1	Y		7.01CR		7.01CR	.022	Y	.00	٧	.16CR
SNF/ICF	0	0			.00		.00	.000		.00		.00
OUTPATIENTS	0	1			7.01CR		7.01CR	.022		.00		.00
	0	-			.00		.00	.000		.00		
MEDICAL SUPPLIES	1	0	ċ		.00	ċ			ċ		ċ	.00
@DENTIST	1		\$			\$.00	.067	\$.00	\$.00
VISITS - DIAGNOSTIC	1	2			.00		.00	.044		.00		.00
ORAL SURGERY	0				.00		.00	.000		.00		.00
DRUGS	U	0			.00		.00	.000		.00		.00
ANESTHESIA	U	0			.00		.00	.000		.00		.00
PERIODONTICS	0	0			.00		.00	.000		.00		.00
ENDODONTICS	Ü	0			.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0			.00		.00	.000		.00		.00
PROSTHETICS	0	0			.00		.00	.000		.00		.00
DENTURES, STAYPLATES	1	1			.00		.00	.022		.00		.00
SPACE MAINTAINERS	0	0			.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0			.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0			.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0			.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0			.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITU	RES MO	ONTH-OF-PA	YMENT RE	PORT 1	FOR JAN 2	2002 THRU	DEC	2002	PAGI	1,790
MOP024	FEE-FOR-SERVICE	/DENTAL									()1/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 68 QMB	- ONI	ĹΥ			AID CO	ODE				
								N	TNO	HLY AVERA	GE	
45 ELIGIBLES	USERS	UNITS OF SERVIC	E	EXPEND	ITURES	AVER	AGE COST	UNITS/DAY	'S	COST PER	COS	ST PER
		OR DAYS OF CAR	E			PER 1	JNIT/DAY	PER ELIC	3	USER	ELI	GIBLE
@OPTOMETRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
DIAGNOSTIC AND ANC. PROCED	0	0			.00		.00	.000		.00		.00
EYE APPLIANCES	0	0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0	0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS	0	0			.00		.00	.000		.00		.00
OTHER SERVICES	0	0			.00		.00	.000		.00		.00
@PODIATRIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
MEDICINE/INJECTIONS	0	0	·		.00	•	.00	.000		.00		.00
SURGERY/ANES.	0	0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0	0			.00		.00	.000		.00		.00
OTHER	0	0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0	0	\$.00	\$.00	.000	Ś	.00	\$.00
NURSE ANESTHESIST	0	0	S		.00	\$.00	.000		.00	\$.00
NURSE MIDWIFE	0	n	Ś		.00	\$.00	.000			\$.00
PEDIATRIC NURSE PRACTITIONER	· ·	n	Ś		.00	\$.00	.000		.00		.00
		O	~		• • •	т	• 5 0	.000	~	• 0 0	т	• 5 5

FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	7	21	\$	225.88	\$	10.76	.467	\$	32.27	\$	5.02
HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	7	21		225.88		10.76	.467		32.27		5.02
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	7	21		225.88		10.76	.467		32.27		5.02
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EX	KPENDITUR	ES MONTH	H-OF-PAYMENT RE	EPORT	FOR JAN 20	002 THRU	DEC	2002	PAG	
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	68 QMB	- ONLY			AID COI	DE				

----- MONTHLY AVERAGE -----45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 21 \$ 225.88 10.76 .467 \$ 32.27 \$ 5.02 .00 COMM HOSP INPATIENT TOTAL 0 .00 .000 .00 .00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 0 .00 .00 .000 .00 .00 .00 .00 ACCOMMODATIONS .00 .00 .000 ADMINISTRATIVE DAYS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE ALL OTHER ACCOM .00 .00 .000 .00 .00 .000 .00 .00 .00 .00 ANCILLARIES .00 .00 .00 .00 .000 INPATIENT CROSSOVERS 0 ALL OTHER INPATIENT .00 .00 .000 .00 .00 COMM HOSP OUTPATIENT TOTAL 225.88 10.76 .467 32.27 5.02 MEDICAL .00 .00 .000 .00 .00

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
CROSSOVERS/ALL OTH OUTPINT	7	21		225.88		10.76	.467	32.27		5.02
@STATE HOSPITAL	12	362	\$	141,576.76	\$	391.10	8.044	\$ 11798.06	\$	3146.15
MENTALLY ILL	0	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	12	362		141,576.76		391.10	8.044	11798.06		3146.15
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
XO AND OTHERS	0	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV MOP024	MEDI-CAL SERVICE FEE-FOR-SERVICE		JRES MO	ONTH-OF-PAYMENT R	EPOR1	r for Jan 2	2002 THRU D	DEC 2002	P	AGE 1,792 01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 68 QME	- ONI	ĽΥ		AID CO	DE			
		_					MC	NTHLY AVER	AGE	
45 ELIGIBLES	USERS	UNITS OF SERVIC	Œ	EXPENDITURES	AVI	ERAGE COST	UNITS/DAYS	COST PER		COST PER
		OR DAYS OF CAR	RE		PEI	R UNIT/DAY	PER ELIG	USER		ELIGIBLE
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
GENETIC DISEASE TESTING	0	0		.00		.00	.000	.00		.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
ODMICIAN	0	<u> </u>		0.0		0.0	000	0.0		0.0

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OPTICIAN

PHYSICAL THERAPIST PORTABLE X-RAY

PROSTHETIST/ORTHOTISTS

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000	\$.00	\$.00
@XOVER EXCLUDING STATE HOSP**	10	40	\$ 733.39	\$ 18.33	.889	\$ 73.34	\$ 16.30

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,793
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 69 133% PROGRAM AID CODES 72 74 8N

COLUSA COUNTY	SUMMARY OF SER	VICES FOR 69 133%	PROGRAM	I A.	ID CODES /2 /4			
						MON		_
1,228 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST		COST PER	COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	420	1,555	\$	49,296.11	\$ 31.70	1.266 \$		
@PHYSICIANS SERVICES	112	202	\$	4,903.93	\$ 24.28	.164 \$		
OUTPATIENT VISITS	99	149		3,917.00	26.29	.121	39.57	3.19
OFFICE VISITS	78	116		3,062.07	26.40	.094	39.26	2.49
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	7	7		315.02	45.00	.006	45.00	.26
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	17	26		539.91	20.77	.021	31.76	. 44
INPATIENT VISITS	1	1		79.86	79.86	.001	79.86	.07
HOSPITAL VISITS	1	1		79.86	79.86	.001	79.86	.07
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	1	1		37.15	37.15	.001	37.15	.03
EXAMINATIONS	1	1		37.15	37.15	.001	37.15	.03
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	4	22		608.40	27.65	.018	152.10	.50
PRINCIPAL SURGEON	1	1		124.20	124.20	.001	124.20	.10
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	3	21		484.20	23.06	.017	161.40	.39
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	16	17		54.92	3.23	.014	3.43	.04
RADIOLOGY	4	5		41.96	8.39	.004	10.49	.03
PSYCHIATRY	0	0		.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	7	7		164.64	23.52	.006	23.52	.13
@PHARMACY	187	383	\$	6,426.31	\$ 16.78	.312 \$	34.37	\$ 5.23
PRESCRIPTION DRUGS	186	376		6,373.41	16.95	.306	34.27	5.19
SNF/ICF	0	0		.00	.00	.000	.00	.00
OUTPATIENTS	186	376		6,373.41	16.95	.306	34.27	5.19

MEDICAL SUPPLIES	5	7	52	.90	7.56	.006	10.58		.04
@DENTIST	27	185	\$ 7,291	.00 \$	39.41	.151 \$	270.04	\$	5.94
VISITS - DIAGNOSTIC	24	93	1,500	.00	16.13	.076	62.50		1.22
ORAL SURGERY	2	5	121	.00	24.20	.004	60.50		.10
DRUGS	1	1	25	.00	25.00	.001	25.00		.02
ANESTHESIA	1	1		.00	.00	.001	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	4	30	2,130	.00	71.00	.024	532.50		1.73
RESTORATIVE DENTISTRY	12	54	3,404	.00	63.04	.044	283.67		2.77
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	1	1	111	.00	111.00	.001	111.00		.09
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE:	S AND EXPENDITURE	ES MONTH-OF-PAYME	NT REPO	RT FOR JAN 2	2002 THRU DE	C 2002	PAGI	1,794
MOP024	FEE-FOR-SERVICE/	DENTAL						(01/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR 69 133%	PROGRAM	AID	CODES 72 74	8N			
						MON	THLY AVERA	GE	
1,228 ELIGIBLES	USERS	JNITS OF SERVICE	EXPENDITU	RES A	VERAGE COST	UNITS/DAYS	COST PER	COS	ST PER
		OR DAYS OF CARE			ER UNIT/DAY	PER ELIG	USER		IGIBLE
@OPTOMETRIST	4	4	\$ 189			.003 \$		\$.15
DIAGNOSTIC AND ANC. PROCED	4	4	189		47.45	.003	47.45		.15
EYE APPLIANCES	0	0		.00	.00	.000	.00		.00
OTHER OPTOMETRIC SERVICES	0	0		.00	.00	.000	.00		.00
@CHIROPRACTOR	0	0	•	.00 \$.00	.000 \$		\$.00
VISITS	0	0		.00	.00	.000	.00		.00
OTHER SERVICES	0	0		.00	.00	.000	.00		.00
@PODIATRIST	0	0	•	.00 \$.000 \$		\$.00
MEDICINE/INJECTIONS	0	0		.00	.00	.000	.00		.00
SURGERY/ANES.	0	0		.00	.00	.000	.00		.00

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	1	4	\$	254.71	\$	63.68	.003	\$	254.71	\$.21
NURSE ANESTHESIST	1	2	\$	80.67	\$	40.34	.002	\$	80.67	\$.07
NURSE MIDWIFE	0	0	\$.00	\$.00	.000	\$.00	\$.00
PEDIATRIC NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
FAMILY NURSE PRACTITIONER	0	0	\$.00	\$.00	.000	\$.00	\$.00
@TOTAL HOSPITAL	93	344	Ś	13,086.65	\$	38.04	.280	\$	140.72	Ś	10.66
HOSP INPATIENT TOTAL	2	2	'	4,015.52	'	2007.76	.002		2007.76		3.27
HSC HOSPITALS	1	1		1,158.00		1158.00	.001		1158.00		.94
NON-HSC HOSPITAL TOTAL	1	1		2,857.52		2857.52	.001		2857.52		2.33
ACCOMMODATIONS	1	1		191.40		191.40	.001		191.40		.16
ACCOMMODATIONS ADMINISTRATIVE DAYS	1	1		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
	0	0									
ALL OTHER ACCOM	1	1		191.40		191.40	.001		191.40		.16
ANCILLARIES	1	U		2,666.12		.00	.000		2666.12		2.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	91	342		9,071.13		26.52	.279		99.68		7.39
MEDICAL	49	57		2,358.17		41.37	.046		48.13		1.92
SURGERY	4	7		592.41		84.63	.006		148.10		.48
PATHOLOGY	54	103		1,045.60		10.15	.084		19.36		.85
RADIOLOGY	16	35		916.86		26.20	.029		57.30		.75
ROOM USE	72	90		3,437.19		38.19	.073		47.74		2.80
CROSSOVERS/ALL OTH OUTPINT	39	50		720.90		14.42	.041		18.48		.59
@COUNTY HOSPITAL TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00			.00		
INPATIENT CROSSOVERS	0	0					.000				.00
ALL OTHER INPATIENT	U	U		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	U	U		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITUR	RES MO	ONTH-OF-PAYMENT R	EPOR	T FOR JAN 2	2002 THRU 1	DEC	2002	PI	AGE 1,795
MOP024	FEE-FOR-SERVICE	I/DENTAL									01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 69 133%	PROC	GRAM A	ID C	ODES 72 74	8N				
							MO	TИC	HLY AVERA	GE -	
1,228 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AV	ERAGE COST	UNITS/DAYS	S	COST PER	(COST PER
		OR DAYS OF CARE	1		PE:	R UNIT/DAY	PER ELIG		USER	E	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	93	344	\$	13,086.65	\$	38.04	.280	\$	140.72	\$	10.66
COMM HOSP INPATIENT TOTAL	2	2		4,015.52		2007.76	.002		2007.76		3.27
HSC HOSPITALS	1	1		1,158.00		1158.00	.001		1158.00		.94
NON-HSC HOSPITALS TOTAL	1	1		2,857.52		2857.52	.001		2857.52		2.33
ACCOMMODATIONS	1	1		191.40		191.40	.001		191.40		.16
ADMINICUPATIVE DAVO	0	0		101.10		101.10	000		101.10		.10

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ADMINISTRATIVE DAYS

TRANSITIONAL IP CARE

ALL OTHER ACCOM	1	1		191.40		191.40	.001		191.40		.16
ANCILLARIES	1	0		2,666.12		.00	.000		2666.12		2.17
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTA	.L 91	342		9,071.13		26.52	.279		99.68		7.39
MEDICAL	49	57		2,358.17		41.37	.046		48.13		1.92
SURGERY	4	7		592.41		84.63	.006		148.10		.48
PATHOLOGY	54	103		1,045.60		10.15	.084		19.36		.85
RADIOLOGY	16	35		916.86		26.20	.029		57.30		.75
ROOM USE	72	90		3,437.19		38.19	.073		47.74		2.80
CROSSOVERS/ALL OTH OUTPT		50		720.90		14.42	.041		18.48		.59
@STATE HOSPITAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
MENTALLY ILL	0	0	Ψ	.00	т	.00	.000	т	.00	Τ	.00
DEVELOP. DISABLED	0	Õ		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
LEV A-INTERMEDIATE	0	0	Ψ	.00	т	.00	.000	т	.00	Τ	.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDI	NG 0	Õ		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASE		0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CAR	=	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILD	D 0	0	\$.00	\$.00	.000	\$.00	Ś	.00
ICF DDH	0	0	Ψ	.00	т	.00	.000	т	.00	Τ	.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	т	.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	Ś	.00	Ś	.00
HOSPITAL BASED	0	0	Y	.00	Υ	.00	.000	٧	.00	Υ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	18	36	\$	318.91	\$	8.86		\$	17.72	S	.26
PATHOLOGY	18	36	Y	318.91	Υ	8.86	.029	٧	17.72	Υ	.26
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINI	•	187	\$	14,317.19	\$	76.56	.152	Ś	114.54	S	11.66
CLINIC	1	1	Y	77.73	Υ	77.73	.001	٧	77.73	Υ	.06
SURGICENTER	3	2.4		823.02		34.29	.020		274.34		.67
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	122	162		13,416.44		82.82	.132		109.97		10.93
#CALIF DEPT OF HEALTH SERV			IDEC I	MONTH-OF-PAYMENT R	FPORT			DEC		ÞΖ	AGE 1,796
MOP024	FEE-FOR-SERVICE		31(115) 1	MONTH OF TATMENT IN	01(1	I FOR OAN 2	2002 11110	DEC	2002	1.7	01/17/03
COLUSA COUNTY	SUMMARY OF SERVE		3% DB(OCRAM A	TD CC	DDES 72 74	8 N				01/1//05
COLOGA COUNTI	COMMINICAL OF SERVE	LODD FOR UJ 13.	J 0 1 1 N	701411 A	111 00	7710 /2 /4	M	ONT	HIY AVERA	GE -	
1,228 ELIGIBLES	USERS	UNITS OF SERVICE	~E	EXPENDITURES	Δ1/F	ERAGE COST				-	COST PER
1,220 111011110	00110	OR DAYS OF CAR				R UNIT/DAY			USER		ELIGIBLE
		CIC DITTO OF CAT			1	· ONTI/DAI			оошт(

@ALL OTHER PROVIDERS 19 208 2,426.94 11.67 .169 \$ 127.73 \$ 1.98 DURABLE MED. EQUIP. 3 3 298.97 99.66 .002 99.66 .24 0 BLOOD BANK 0 .00 .00 .000 .00 .00 .00 HEARING AID DISPENSERS 0 0 .00 .000 .00 .00 94 798.63 8.50 .65 MEDICAL TRANSPORTATION .077 199.66 AMBULANCES/AIR TRANS 94 798.63 8.50 .077 199.66 .65 0 .00 .00 .00 .00 OTHER TRANS .000 OTHER SERVICES 0 .00 .00 .000 .00 .00 ACUPUNCTURE 0 0 .00 .00 .000 .00 .00 .000 ADULT DAY HEALTH CARE CTR 0 0 .00 .00 .00 .00 GENETIC DISEASE TESTING .00 .00 .000 .00 .00

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	1	2	68.93	34.47	.002	68.93	.06
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	11	109	1,260.41	11.56	.089	114.58	1.03
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	2	5	\$ 331.71	\$ 66.34	.004	\$ 165.86	\$.27
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,797 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R

					M	ONTHLY AVERA	.GE
1,000 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAY	S COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	239	867	\$ 65 , 929.06	\$ 76.04	.867	\$ 275.85	\$ 65.93
@PHYSICIANS SERVICES	58	96	\$ 4,665.47	\$ 48.60	.096	\$ 80.44	\$ 4.67
OUTPATIENT VISITS	37	42	1,219.93	29.05	.042	32.97	1.22
OFFICE VISITS	20	24	704.87	29.37	.024	35.24	.70
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	2	2	48.76	24.38	.002	24.38	.05
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	1	1	126.31	126.31	.001	126.31	.13
OTHER OUTPATIENT	15	15	339.99	22.67	.015	22.67	.34
INPATIENT VISITS	3	9	735.56	81.73	.009	245.19	.74
HOSPITAL VISITS	3	5	197.36	39.47	.005	65.79	.20
CRITICAL CARE	1	4	538.20	134.55	.004	538.20	.54
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	4	8	1,876.61	234.58	.008	469.15	1.88
PRINCIPAL SURGEON	3	3	1,683.49	561.16	.003	561.16	1.68
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	1	5	193.12	38.62	.005	193.12	.19
OUTPATIENT SURGERY	9	9	375.08	41.68	.009	41.68	.38
PRINCIPAL SURGEON	9	9	375.08	41.68	.009	41.68	.38
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	6	6	29.76	4.96	.006	4.96	.03
RADIOLOGY	10	10	99.16	9.92	.010	9.92	.10
PSYCHIATRY	0	0	.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	8	12	329.37	27.45	.012	41.17	.33
@PHARMACY	70	124	\$ 8,591.47	\$ 69.29	.124	\$ 122.74	\$ 8.59
PRESCRIPTION DRUGS	70	124	8,591.47	69.29	.124	122.74	8.59
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	70	124	8,591.47	69.29	.124	122.74	8.59
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	22	86	\$ 2,810.00	\$ 32.67	.086	\$ 127.73	\$ 2.81
VISITS - DIAGNOSTIC	16	55	1,061.00	19.29	.055	66.31	1.06
ORAL SURGERY	3	7	568.00	81.14	.007	189.33	.57
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	1	1	100.00	100.00	.001	100.00	.10
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	7	21	991.00	47.19	.021	141.57	.99
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	1	2	90.00	45.00	.002	90.00	.09
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU I	DEC 2002	PAGE 1,798
MOP024	FEE-FOR-SERVICE/DENTA	L					01/17/03

MOPUZ4 SUMMARY OF SERVICES FOR 70 100% PROGRAM AID CODES 7A 7C 8R COLUSA COUNTY

----- MONTHLY AVERAGE -----1,000 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 361.20 \$ 22.58 @OPTOMETRIST 6 16 .016 \$ 60.20 \$.36 189.80 89.80 71.40 .00 47.45 .004 47.45 DIAGNOSTIC AND ANC. PROCED 4 .19 171.40 14.28 34.28 EYE APPLIANCES 12 .012 .17 .00 OTHER OPTOMETRIC SERVICES .000 .00 .00 .000 \$.00 \$.00 \$ @CHIROPRACTOR .00 .00 .00 .00 .00 .00 29.86 36.20 23.51 .00 VISITS .00 .000 OTHER SERVICES 0 .000 .00 .00 .004 \$ 119.42 \$ 59.71 \$ @PODIATRIST .12 72.40 36.20 .002 72.40 .07 MEDICINE/INJECTIONS 47.02 47.02 SURGERY/ANES. .002 .05 .00 RADIO./PATHOLOGY 0 .000 .00 .00 OTHER 0 .00 .00 .000 .00 .00 13 \$ @HOME HEALTH AGENCY 928.45 71.42 .013 \$ 928.45 \$. 93 NURSE ANESTHESIST 61.82 Ś 20.61 .003 \$ 61.82 \$ NURSE MIDWIFE .00 \$.00 .000 \$.00 \$.00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 \$.00 0 .00 .00 .000 \$.00 \$ FAMILY NURSE PRACTITIONER 206 36,996.77 .206 \$ 179.60 840.84 \$ @TOTAL HOSPITAL 37.00 23 HOSP INPATIENT TOTAL 5 31,362.05 1363.57 .023 6272.41 1368.36 279.54 .00 .00 .00 .00 279.54 .0. .00 .00 .00 .00 .006 HSC HOSPITALS 8,100.00 8100.00 8.10 NON-HSC HOSPITAL TOTAL 17 23,262.05 5815.51 23.26 .017 17 .017 1188.03 ACCOMMODATIONS 4,752.10 4.75 0 .00 ADMINISTRATIVE DAYS .000 .00 .00 0 .00 .00 TRANSITIONAL IP CARE .000 .00 17 4,752.10 .017 1188.03 ALL OTHER ACCOM .000 ANCILLARIES 0 18,509.95 4627.49 18.51

.00

.00

INPATIENT CROSSOVERS

ALL OTHER INPATIENT

.000

.000

.00

.00

.00

.00

HOSP OUTPATIENT TOTAL	41	183		5,634.72	30.79	.183	137.43	5.63
MEDICAL	10	13		655.70	50.44	.013	65.57	.66
SURGERY	6	10		418.72	41.87	.010	69.79	.42
PATHOLOGY	14	43		619.70	14.41	.043	44.26	.62
RADIOLOGY	14	21		778.51	37.07	.021	55.61	.78
ROOM USE	29	44		1,885.40	42.85	.044	65.01	1.89
CROSSOVERS/ALL OTH OUTPINT	18	52		1,276.69	24.55	.052	70.93	1.28
@COUNTY HOSPITAL TOTAL	0	0	\$	116.25	\$.00	.000	\$.00	\$.12
CO HOSPITAL INPATIENT TOTAL	0	0		.00	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00	.00	.000	.00	.00
ANCILLARIES	0	0		.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		116.25	.00	.000	.00	.12
MEDICAL	0	0		.00	.00	.000	.00	.00
SURGERY	0	0		24.74	.00	.000	.00	.02
PATHOLOGY	0	0		14.24	.00	.000	.00	.01
RADIOLOGY	0	0		.00	.00	.000	.00	.00
ROOM USE	0	0		77.27	.00	.000	.00	.08
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00	.00	.000	.00	.00
		S AND EXPENDITUR	RES MONTH	I-OF-PAYMENT RE	EPORT FOR JAN 2	2002 THRU D	EC 2002	PAGE 1,799
	-FOR-SERVICE/							01/17/03
COLUSA COUNTY SUM	MARY OF SERVI	CES FOR 70 100%	PROGRAM	I AI	ID CODES 7A 7C	8R		
							NTHLY AVERA	
1,000 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE			PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	44	206	\$	36,880.52	\$ 179.03	.206	\$ 838.19	\$ 36.88

COMM HOSP INPATIENT TOTAL	5	23		31,362.05	5	1363.57	.023		6272.41		31.36
HSC HOSPITALS	1	6		8,100.00	C	1350.00	.006		8100.00		8.10
NON-HSC HOSPITALS TOTAL	4	17		23,262.05	5	1368.36	.017		5815.51		23.26
ACCOMMODATIONS	4	17		4,752.10)	279.54	.017		1188.03		4.75
ADMINISTRATIVE DAYS	0	0		.00)	.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00)	.00	.000		.00		.00
ALL OTHER ACCOM	4	17		4,752.10)	279.54	.017		1188.03		4.75
ANCILLARIES	4	0		18,509.95		.00	.000		4627.49		18.51
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	41	183		5,518.47		30.16	.183		134.60		5.52
MEDICAL	10	13		655.70		50.44	.013		65.57		.66
SURGERY	6	10		393.98		39.40	.010		65.66		.39
PATHOLOGY	14	43		605.46		14.08	.043		43.25		.61
RADIOLOGY	14	21		778.51		37.07			55.61		.78
	29						.021				
ROOM USE		44		1,808.13		41.09	.044		62.35		1.81
CROSSOVERS/ALL OTH OUTPTNT	18	52	<u> </u>	1,276.69		24.55	.052	<u> </u>	70.93	<u> </u>	1.28
@STATE HOSPITAL	0	0	\$.00			.000	\$.00	Ş	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00			.000	\$.00	Ş	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00	C	.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00	C	.00	.000		.00		.00
LEV B-REGULAR	0	0		.00	C	.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00) \$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00)	.00	.000		.00		.00
ICF DD	0	0		.00)	.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00) \$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0	·	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00			.000	\$		\$.00
HOSPITAL BASED	0	0	Τ	.00		.00	.000	т	.00	Τ.	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	10	23	\$	554.68			.023	\$	55.47	Ċ	.55
PATHOLOGY	10	23	Y	554.68		24.12	.023	Y	55.47	Ÿ	.55
XO AND OTHERS	0	0		00.		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	49	70	\$	5,747.62				\$		\$	5.75
	0		ې	•				Ą	.00	Ş	
CLINIC	0	0		.00		.00	.000				.00
SURGICENTER	•	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	49	70		5,747.62		82.11	.070		117.30		5.75
#CALIF DEPT OF HEALTH SERV			URES	MONTH-OF-PAYMENT	REPO	RT FOR JAN 2	2002 THRU	DEC	2002	P.	AGE 1,800
MOP024	FEE-FOR-SERVICE										01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 70 10	0% PR	OGRAM	AID (CODES 7A 7C					
							M			GΕ	
1,000 ELIGIBLES	USERS	UNITS OF SERVI	CE	EXPENDITURES	S A	VERAGE COST	UNITS/DAY	S (COST PER		COST PER
		OR DAYS OF CA	RE		Pl	ER UNIT/DAY	PER ELIG		USER		ELIGIBLE
@ALL OTHER PROVIDERS	44	226	\$	5,092.16	6 \$	22.53	.226	\$	115.73	\$	5.09
DURABLE MED. EQUIP.	0	0		.00	С	.00	.000		.00		.00
BLOOD BANK	0	0		.00	C	.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00	C	.00	.000		.00		.00
MEDICAL TRANSPORTATION	1	48		2,838.70		59.14	.048		2838.70		2.84
				,							

AMBULANCES/AIR TRANS	1	47		1,038.70	22.10	.047	1038.70	1.04
OTHER TRANS	0	0		.00	.00	.000	.00	.00
OTHER SERVICES	1	1		1,800.00	1800.00	.001	1800.00	1.80
ACUPUNCTURE	0	0		.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0		.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	3	3		265.00	88.33	.003	88.33	.27
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0		.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00	.00
OPTICIAN	6	13		116.58	8.97	.013	19.43	.12
PHYSICAL THERAPIST	0	0		.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0		.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0		.00	.00	.000	.00	.00
PROSTHETICS	0	0		.00	.00	.000	.00	.00
ORTHOTICS	0	0		.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0		.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	2	4		157.00	39.25	.004	78.50	.16
HOSPICE SERVICES	0	0		.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	32	158		1,714.88	10.85	.158	53.59	1.71
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0		.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	8	16	\$	3,222.24	\$ 201.39	.016	\$ 402.78	\$ 3.22
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000	\$.00	\$.00
@* TOTALS IN THESE LINES ARE GIVEN	AS A SEPARATE	INFORMATION	ITEM ONLY;					

^{*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,801
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

----- MONTHLY AVERAGE -----00 ELIGIBLES **USERS** UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @TOTAL, ALL PROVIDERS 202 383 13,914.02 \$ 36.33 .000 \$ 68.88 \$.00 .00 131 213 8,711.80 40.90 .000 \$ 66.50 \$ @PHYSICIANS SERVICES 115 141 57.50 70.50 OUTPATIENT VISITS 8,107.57 .000 .00 OFFICE VISITS 76 76 1,501.90 19.76 .000 19.76 .00 HOME VISITS 0 0 .00 .00 .000 .00 .00 EMERGENCY ROOM 0 0 .00 .00 .000 .00 .00 PREVENTIVE CARE 0 0 .00 .00 .000 .00 .00 OB VISITS/COMPRE PERI 6,605.67 101.63 .000 120.10 .00 OTHER OUTPATIENT 0 .00 .00 .000 .00 .00 INPATIENT VISITS .00 .00 .000 .00 .00 .00 .00 .000 .00 .00 HOSPITAL VISITS CRITICAL CARE .00 .00 .000 .00 .00 SNF/ICF/TRANS IP CARE .00 .00 .000 .00 .00 OPHTHALMOLOGICAL SERVICES .00 .00 .000 .00 .00 EXAMINATIONS .00 .00 .00 .00 .000 .00 SERVICES AND MATERIALS .00 .00 .000 .00 1 168.65 168.65 168.65 INPATIENT HOSPITAL SURGERY .000 .00 168.65 168.65 168.65 PRINCIPAL SURGEON .000 .00 .00 .00 .00 .000 .00 ASSISTANT SURGEON ANESTHESIOLOGIST .00 .00 .000 .00 .00 22.80 OUTPATIENT SURGERY 91.20 .000 30.40 .00 PRINCIPAL SURGEON 91.20 22.80 .000 30.40 .00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

ASSISTANT SURGEON ANESTHESIOLOGIST 0 0 0 0 0 0 0 0 0 0 0 0 0
DIALYSIS 0 0 0 0 0 0 0 0 0
PATHOLOGY 65 67 344.38 5.14 .000 5.30 .00 RADIOLOGY 0 0 .00 <
RADIOLOGY 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
PSYCHIATRY 0 0 .00<
IMMUNIZATION AND INJECTION 0 .00
OTHER SERVICES/ALL X-OVERS 0 0 .00 .00 .00 .00 .00 @PHARMACY 0 0 \$.00 \$.00 .00 .00 \$.00 \$.00 \$.00 \$.00 \$.00 .0
@PHARMACY 0 0 \$.00 \$.00 \$.00 \$.00 \$.00 \$.00
PRESCRIPTION DRUGS 0 0 .00
SNF/ICF 0 0 .00
OUTPATIENTS 0 0 .00 .00 .00 .00 .00 .00 MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 ©DENTIST 0 0 \$.00 \$.00 .00 \$.00
MEDICAL SUPPLIES 0 0 .00 .00 .00 .00 .00 .00 @DENTIST 0 0 \$.00 \$.00 .00 .00 \$.00 </td
@DENTIST 0 0 \$.00 .00 .000 .000 .00
VISITS - DIAGNOSTIC 0 0 .00
ORAL SURGERY 0 0 .00
DRUGS 0 0 .00
ANESTHESIA 0 0 0 .00 .00 .00 .00 .00 .00 .00 .00
PERIODONTICS 0 0 .00 .00 .00 .00 .00 ENDODONTICS 0 0 .00 .00 .00 .00 .00 .00 RESTORATIVE DENTISTRY 0 0 .00 .00 .00 .00 .00 .00
ENDODONTICS 0 0 .00
RESTORATIVE DENTISTRY 0 0 .00 .00 .00 .00 .00 .00
PROSTHETICS 0 0 .00 .00 .00 .00 .00 .00
11.0011111100
DENTURES, STAYPLATES 0 0 0 .00 .00 .00 .00 .00 .00
SPACE MAINTAINERS 0 0 0 .00 .00 .00 .00 .00 .00
MAXILLOFACIAL SERVICES 0 0 .00 .00 .00 .00 .00 .00
FRACTURES, DISLOCATIONS 0 0 .00 .00 .00 .00 .00 .00
ORTHODONTIC SERVICES 0 0 .00 .00 .00 .00 .00 .00
ALL OTHER SERVICES 0 0 .00 .00 .00 .00 .00 .00
#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,802

MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 71 PRESUMP ELIGIBILITY-PREGNANT AID CODES 7F

ACCOMMODATIONS

----- MONTHLY AVERAGE -----USERS 00 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE .00 @OPTOMETRIST 0 0 \$.00 .000 \$.00 \$.00 .000 DIAGNOSTIC AND ANC. PROCED 0 0 .00 .00 .00 .00 EYE APPLIANCES .00 .00 .00 .000 .00 OTHER OPTOMETRIC SERVICES .00 .00 .000 .00 .00 @CHIROPRACTOR .00 \$.00 .000 \$.00 \$.00 .000 VISITS 0 .00 .00 .00 .00 .000 OTHER SERVICES 0 .00 .00 .00 .00 @PODIATRIST .00 .00 .000 \$.00 \$.00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00 RADIO./PATHOLOGY .00 .00 .000 .00 .00 0 .00 .00 OTHER .00 .000 .00 0 .000 \$ @HOME HEALTH AGENCY .00 \$.00 .00 \$.00 NURSE ANESTHESIST .00 \$.00 .000 \$.00 .00 NURSE MIDWIFE .00 .00 .000 .00 .00 .00 PEDIATRIC NURSE PRACTITIONER .00 .000 \$.00 .00 FAMILY NURSE PRACTITIONER .00 .00 .00 .000 \$ \$.00 158.63 79.32 79.32 @TOTAL HOSPITAL .000 \$.00 .00 .00 .000 .00 .00 HOSP INPATIENT TOTAL HSC HOSPITALS .00 .00 .000 .00 .00 NON-HSC HOSPITAL TOTAL .00 .00 .000 .00 .00

.00

.00

.000

.00

01/17/03

.00

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	2	158.63	79.32	.000	79.32	.00
	2	0					
MEDICAL	U	U	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	126.70	126.70	.000	126.70	.00
ROOM USE	1	1	31.93	31.93	.000	31.93	.00
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
	0	0					
ADMINISTRATIVE DAYS	U	U	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
	0	0	.00			.00	.00
ROOM USE	0	0		.00	.000		
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		ES AND EXPENDITURES MO	NTH-OF-PAYMENT RE	PORT FOR JAN 2	2002 THRU DEC	2 2002	PAGE 1,803
MOP024	FEE-FOR-SERVICE						01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 71 PRESUMP E	LIGIBILITY-PREGNA	NT AID CODES	7F		
					MONT	THLY AVERA	GE
00 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	2	2 \$	158.63	\$ 79.32	.000 \$	79.32	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS ADMINISTRATIVE DAYS	0	0	.00			.00	.00
	0	0		.00	.000		
TRANSITIONAL IP CARE	U	U	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	2	2	158.63	79.32	.000	79.32	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	1	1	126.70	126.70	.000	126.70	.00
	1	-	31.93			31.93	
ROOM USE	_	1		31.93	.000		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@STATE HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00

MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$.00	\$.00	.000	\$.00	\$.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	83	151	\$	3 , 536.72	\$	23.42	.000	\$	42.61	\$.00
PATHOLOGY	83	151		3 , 536.72		23.42	.000		42.61		.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	11	\$	876.87	\$	79.72	.000	\$	97.43	\$.00
CLINIC	0	0		.00		.00	.000		.00		.00
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	9	11		876.87		79.72	.000		97.43		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND		RES 1	MONTH-OF-PAYMENT RE	EPOR'	r for Jan 20	02 THRU	DEC	2002	PAG	,
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FO	R 71 PRE	SUMP	ELIGIBILITY-PREGNA	NT	AID CODES 7					
							M	ONTF	ILY AVERA	GE	

USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER

COST PER

00 ELIGIBLES

	OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS 6	6 \$	630.00	\$ 105.00	.000 \$	105.00 \$.00
DURABLE MED. EQUIP. 0	0	.00	.00	.000	.00	.00
BLOOD BANK 0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS 0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION 0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS 0	0	.00	.00	.000	.00	.00
OTHER TRANS 0	0	.00	.00	.000	.00	.00
OTHER SERVICES 0	0	.00	.00	.000	.00	.00
ACUPUNCTURE 0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR 0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING 6	6	630.00	105.00	.000	105.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP 0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST 0	0	.00	.00	.000	.00	.00
OPTICIAN 0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST 0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY 0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS 0	0	.00	.00	.000	.00	.00
PROSTHETICS 0	0	.00	.00	.000	.00	.00
ORTHOTICS 0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST 0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY 0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES 0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS 0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES 0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE 0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT. 0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING 0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS 0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES* 0	0 \$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP** 0	0 \$.00	\$.00	.000 \$.00 \$.00

 $[\]ensuremath{\text{@}}\star$ Totals in these lines are given as a separate information item only;

 $\star\star$ These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,805 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 SUMMARY OF SERVICES FOR 72 MEDI-CAL TUBERCULOSIS PROGRAM AID CODE

					MO	NTHLY AVERA	GE
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0	\$.00	\$.00	.000	\$.00	\$.00
@PHYSICIANS SERVICES	0	0	\$.00	\$.00	.000	\$.00	\$.00
OUTPATIENT VISITS	0	0	.00	.00	.000	.00	.00
OFFICE VISITS	0	0	.00	.00	.000	.00	.00
HOME VISITS	0	0	.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0	.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0	.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0	.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0	.00	.00	.000	.00	.00
INPATIENT VISITS	0	0	.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0	.00	.00	.000	.00	.00
CRITICAL CARE	0	0	.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0	.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0	.00	.00	.000	.00	.00
EXAMINATIONS	0	0	.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0	.00	.00	.000	.00	.00

INPATIENT HOSPITAL SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0	.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0	.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0	.00	.00	.000	.00	.00
	0	0				.00	.00
ANESTHESIOLOGIST	0	0	.00	.00	.000		
DIALYSIS	0	0	.00	.00	.000	.00	.00
PATHOLOGY	U	U	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	0	0	.00	.00	.000	.00	.00
OTHER SERVICES/ALL X-OVERS	0	0	.00	.00	.000	.00	.00
@PHARMACY	0	0 \$		\$.00	.000 \$		\$.00
PRESCRIPTION DRUGS	0	0	.00	.00	.000	.00	.00
SNF/ICF	0	0	.00	.00	.000	.00	.00
OUTPATIENTS	0	0	.00	.00	.000	.00	.00
MEDICAL SUPPLIES	0	0	.00	.00	.000	.00	.00
@DENTIST	0	0 \$.00	\$.00	.000 \$.00	\$.00
VISITS - DIAGNOSTIC	0	0	.00	.00	.000	.00	.00
ORAL SURGERY	0	0	.00	.00	.000	.00	.00
DRUGS	0	0	.00	.00	.000	.00	.00
ANESTHESIA	0	0	.00	.00	.000	.00	.00
PERIODONTICS	0	0	.00	.00	.000	.00	.00
ENDODONTICS	0	0	.00	.00	.000	.00	.00
RESTORATIVE DENTISTRY	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
DENTURES, STAYPLATES	0	0	.00	.00	.000	.00	.00
SPACE MAINTAINERS	0	0	.00	.00	.000	.00	.00
MAXILLOFACIAL SERVICES	0	0	.00	.00	.000	.00	.00
FRACTURES, DISLOCATIONS	0	0	.00	.00	.000	.00	.00
ORTHODONTIC SERVICES	0	0	.00	.00	.000	.00	.00
ALL OTHER SERVICES	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	•	ES AND EXPENDITURES					PAGE 1,806
MOP024	FEE-FOR-SERVICE		MONIII OF FAIMENI N	LIONI FON UAN	ZUUZ IIIKU DEC	2002	01/17/03
COLUSA COUNTY		ICES FOR 72 MEDI-C.	AT THEFROIT OCTO DROP	GRAM AID C	ODE		01/11/03
COLOSA COUNTI	SUMMARI OF SERV	ICES FOR /2 MEDI-C.	AL IUBERCULUSIS FRO	JRAM AID C	MONT	מודע אוודה	יחי
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST		GOST PER	COST PER
IO EDIGIBLES	OSEKS	OR DAYS OF CARE	EVEFUDIIOVE2	PER UNIT/DAY		USER	ELIGIBLE
CODEOMEEDICE	0		0.0				
@OPTOMETRIST	0	0 \$.000 \$		\$.00
DIAGNOSTIC AND ANC. PROCED	0	0	.00	.00	.000	.00	.00
EYE APPLIANCES	U	0	.00	.00	.000	.00	.00
OTHER OPTOMETRIC SERVICES	U	0	.00	.00	.000	.00	.00
@CHIROPRACTOR	0	0 \$.00	\$.00	.000 \$		\$.00
VISITS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
@PODIATRIST	0	0 \$		\$.00	.000 \$.00	
MEDICINE/INJECTIONS	0	0	.00	.00	.000	.00	.00
SURGERY/ANES.	0	0	.00	.00	.000	.00	.00
RADIO./PATHOLOGY	0	0	.00	.00	.000	.00	.00
OTHER	0	0	.00	.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0 \$		\$.00	.000 \$		\$.00
NURSE ANESTHESIST	0	0 \$		\$.00	.000 \$		\$.00
NURSE MIDWIFE	0	0 \$		\$.00	.000 \$		\$.00
PEDIATRIC NURSE PRACTITIONER	. 0	0 \$.00	\$.00	.000 \$.00	\$.00

FAMILY NURSE PRACTITIONER	0	0 \$.00	\$.00	.000 \$.00	\$.00
@TOTAL HOSPITAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00		.00	.00
	0	0			.000		
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	U	U	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	Û	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
	0	0					
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	U	U	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV		CES AND EXPENDITURES MO	ONTH-OF-PAYMENT R	EPORT FOR JAN	2002 THRU DE	C 2002	PAGE 1,807
MOP024	FEE-FOR-SERVIC						01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR 72 MEDI-CAL	TUBERCULOSIS PRO	GRAM AID C			
					MON		
10 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST			COST PER
		OR DAYS OF CARE		PER UNIT/DAY		USER	ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0 \$.00	\$.00	.000 \$.00	\$.00
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
111111111111111111111111111111111111111	J	Ŭ	.00	• • • •	• 0 0 0	• 0 0	• • • •

SURGERY	0	0		.00		.00	.000	.00		.00
PATHOLOGY	0	0		.00		.00	.000	.00		.00
RADIOLOGY	0	0		.00		.00	.000	.00		.00
ROOM USE	0	0		.00		.00	.000	.00		.00
	0	0								
CROSSOVERS/ALL OTH OUTPINT	0		<u> </u>	.00	<u> </u>	.00	.000	.00	<u>^</u>	.00
@STATE HOSPITAL	U	0	\$.00	\$.00		\$.00	\$.00
MENTALLY ILL	O	0		.00		.00	.000	.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000	.00		.00
@NURSING FACILITY	0	0	\$.00	\$.00	.000	\$.00	\$.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000	.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000	.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000	.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00		.00
LEV B-REGULAR	0	0		.00		.00	.000	.00		.00
	0	0	Ċ		ċ				ċ	
@INTERMEDIATE CARE FACILDD	0		\$.00	\$.00		\$.00	\$.00
ICF DDH	Ü	0		.00		.00	.000	.00		.00
ICF DD	0	0		.00		.00	.000	.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000	.00		.00
@HEMODIALYSIS TOTAL	0	0	\$.00	\$.00	.000	\$.00	\$.00
HOSPITAL BASED	0	0		.00		.00	.000	.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000	.00		.00
@REHABILITATION FACILITY	0	0	\$.00	\$.00		\$.00	Ś	.00
HOSPITAL BASED	0	0	т.	.00	т	.00	.000	.00	7	.00
INDEPENDENT FACILITY	0	Ö		.00		.00	.000	.00		.00
@LABORATORY FACILITY	0	0	\$.00	\$.00		\$.00	\$.00
•	0		Ą		Ą			•	Ş	
PATHOLOGY	U	0		.00		.00	.000	.00		.00
XO AND OTHERS	O	0		.00		.00	.000	.00		.00
@ORGANIZED OUTPATIENT CLINIC	0	0	\$.00	\$.00	.000	\$.00	\$.00
CLINIC	0	0		.00		.00	.000	.00		.00
SURGICENTER	0	0		.00		.00	.000	.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000	.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDTTHE	RES M		PORT.				PI	GE 1,808
MOP024	FEE-FOR-SERVICE/DENTAL		(110 11		11 01(1	1010 01110 2	1002 IIII(0 D	10 2002		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	72 MEDI	-CAT	TIREDCIII OGTG DDOC	MKG	AID CO				01/1//05
COLOGA COUNTI	SOMMANI OF SERVICES FOR	(/Z MED)	L CAL	TOBERCOLOSIS FROG	11/WI-1	AID CC		NTHLY AVERA	CE	
10 ELIGIBLES	USERS UNITS O	F SERVICE	7	EXPENDITURES	7/17/17/17	ACE COCE	UNITS/DAYS			COST PER
10 ELIGIBLES		SERVICE S OF CARE		EVLENDIIOVES			PER ELIG	USER		LIGIBLE
				0.0						
@ALL OTHER PROVIDERS	0	0	\$.00	\$.00	.000		\$.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000	.00		.00
BLOOD BANK	0	0		.00		.00	.000	.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000	.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000	.00		.00
AMBULANCES/AIR TRANS	0	0		.00		.00	.000	.00		.00
OTHER TRANS	0	0		.00		.00	.000	.00		.00
OTHER SERVICES	0	0		.00		.00	.000	.00		.00
ACUPUNCTURE	0	0		.00		.00	.000	.00		.00
ADULT DAY HEALTH CARE CTR	0	0		.00		.00	.000	.00		.00
	0	0		.00		.00	.000	.00		
GENETIC DISEASE TESTING	0	0								.00
IHMC, MODEL-NF, NF, AIDS, MSSP	· ·	-		.00		.00	.000	.00		.00
OCCUPATIONAL THERAPIST	0	0		.00		.00	.000	.00		.00
OPTICIAN	0	0		.00		.00	.000	.00		.00
PHYSICAL THERAPIST	0	0		.00		.00	.000	.00		.00
PORTABLE X-RAY	0	0		.00		.00	.000	.00		.00
PROSTHETIST/ORTHOTISTS	0	0		.00		.00	.000	.00		.00

PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$.00	\$.00	.000 \$.00 \$.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$.00	\$.00	.000 \$.00 \$.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

** THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,809
MOP024 FEE-FOR-SERVICE/DENTAL
COLUSA COUNTY SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

001111111111111111111111111111111111111	0 - 0 - 0 - 0	, 0 11111			10 00000 /11 /1	,			
						MOI	NTHLY AVERA	GE -	
USERS	UNITS OF	SERVICE	2	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	C	OST PER
	OR DAYS	OF CAR	2		PER UNIT/DAY	PER ELIG	USER	E	LIGIBLE
37		119	\$	12,828.30	\$ 107.80	2.644	\$ 346.71	\$	285.07
15		22	\$	3,203.71	\$ 145.62	.489	\$ 213.58	\$	71.19
5		5		640.40	128.08	.111	128.08		14.23
1		1		75.17	75.17	.022	75.17		1.67
0		0		.00	.00	.000	.00		.00
0		0		.00	.00	.000	.00		.00
0		0		.00	.00	.000	.00		.00
4		4		561.87	140.47	.089	140.47		12.49
0		0		3.36	.00	.000	.00		.07
1		2		83.17	41.59	.044	83.17		1.85
	USERS 37 15 5 1 0 0 4 0 1		OR DAYS OF CARE	OR DAYS OF CARE 37 119 \$	OR DAYS OF CARE 37	OR DAYS OF CARE 37	USERS UNITS OF SERVICE OR DAYS OF CARE 37 119 \$ 12,828.30 \$ 107.80 2.644 \$ 15 22 \$ 3,203.71 \$ 145.62 .489 \$ 15 5 5 640.40 128.08 .111 1 1 1 75.17 75.17 .022	USERS UNITS OF SERVICE OR DAYS OF CARE EXPENDITURES AVERAGE COST UNITS/DAYS PER ELIG COST PER PER UNIT/DAY PER UNIT/DAY PER ELIG USER 37 119 \$ 12,828.30 \$ 107.80 2.644 \$ 346.71 15 22 \$ 3,203.71 \$ 145.62 .489 \$ 213.58 5 5 640.40 128.08 .111 128.08 1 1 75.17 75.17 .022 75.17 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 0 0 .00 .00 .00 .00 .	USERS UNITS OF SERVICE OR DAYS OF CARE 10

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

HOSPITAL VISITS	1	2		83.17	41.59	.044		83.17		1.85
CRITICAL CARE	0	0		.00	.00	.000		.00		.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000		.00		.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000		.00		.00
EXAMINATIONS	0	0		.00	.00	.000		.00		.00
SERVICES AND MATERIALS	0	0		.00	.00	.000		.00		.00
INPATIENT HOSPITAL SURGERY	2	2		2,240.80	1120.40	.044		1120.40		49.80
PRINCIPAL SURGEON	2	2		2,240.80	1120.40	.044		1120.40		49.80
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
OUTPATIENT SURGERY	1	1		22.80	22.80	.022		22.80		.51
PRINCIPAL SURGEON	<u>1</u>	1		22.80	22.80	.022		22.80		.51
ASSISTANT SURGEON	0	0		.00	.00	.000		.00		.00
ANESTHESIOLOGIST	0	0		.00	.00	.000		.00		.00
DIALYSIS	0	0		.00	.00	.000		.00		.00
PATHOLOGY	2	3		18.04	6.01	.067		9.02		.40
RADIOLOGY	_ 7	8		179.26	22.41	.178		25.61		3.98
PSYCHIATRY	0	0		.00	.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00	.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	1	1		19.24	19.24	.022		19.24		.43
@PHARMACY	8		Ś	151.21	\$ 13.75	.244		18.90	Ś	3.36
PRESCRIPTION DRUGS	7	10		151.21	15.12	.222		21.60	'	3.36
SNF/ICF	0	0		.00	.00	.000		.00		.00
OUTPATIENTS	7	10		151.21	15.12	.222		21.60		3.36
MEDICAL SUPPLIES	1	1		.00	.00	.022		.00		.00
@DENTIST	0	0	\$.00	\$.00	.000	\$.00	\$.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	·	.00	·	.00
ORAL SURGERY	0	0		.00	.00	.000		.00		.00
DRUGS	0	0		.00	.00	.000		.00		.00
ANESTHESIA	0	0		.00	.00	.000		.00		.00
PERIODONTICS	0	0		.00	.00	.000		.00		.00
ENDODONTICS	0	0		.00	.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000		.00		.00
PROSTHETICS	0	0		.00	.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES ANI	EXPENDITURE	S MONTH-						PAG	E 1,810
MOP024	FEE-FOR-SERVICE/DENTA									01/17/03
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45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER PER UNIT/DAY PER ELIG OR DAYS OF CARE USER ELIGIBLE @OPTOMETRIST 0 .00 .00 .000 \$ .00 \$ .00 0 0 .00 .00 DIAGNOSTIC AND ANC. PROCED 0 .00 .000 .00 EYE APPLIANCES 0 0 .00 .00 .000 .00 .00 OTHER OPTOMETRIC SERVICES .00 .00 .00 .00 .000 @CHIROPRACTOR 0 0 .00 \$ .00 .000 \$ .00 \$ .00 .000 VISITS .00 .00 .00 .00 .00 OTHER SERVICES .00 .000 .00 .00 0 @PODIATRIST .00 .00 .000 \$ .00 \$ .00 MEDICINE/INJECTIONS .00 .00 .000 .00 .00 SURGERY/ANES. .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

----- MONTHLY AVERAGE -----

COLUSA COUNTY

RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	0	0		.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	2	4	\$	209.98	\$	52.50	.089	Ċ	104.99	Ċ	4.67
NURSE ANESTHESIST	0	0	\$	.00	Ś	.00	.000	Ś	.00	Ś	.00
NURSE MIDWIFE	0	0	¢	.00	¢	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	0	0	ې د	.00	ې د	.00	.000	\$		۶ \$	.00
FAMILY NURSE PRACTITIONER	0	0	Ş S	.00	\$	.00	.000	\$	.00		.00
@TOTAL HOSPITAL	11	34	ج خ		ج خ		.756		691.00		168.91
HOSP INPATIENT TOTAL	2	5 5	Ą	7,600.97 6,660.20	Ş	223.56 1332.04	.111	Ş	3330.10	Ş	148.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0	U		6,660.20		1332.04	.111		3330.10		148.00
	2	5									
ACCOMMODATIONS	∠	5		1,458.18		291.64	.111		729.09		32.40
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	2	5		1,458.18		291.64	.111		729.09		32.40
ANCILLARIES	2	0		5,202.02		.00	.000		2601.01		115.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
HOSP OUTPATIENT TOTAL	10	29		940.77		32.44	.644		94.08		20.91
MEDICAL	1	1		110.35		110.35	.022		110.35		2.45
SURGERY	0	0		9.43		.00	.000		.00		.21
PATHOLOGY	6	19		187.21		9.85	.422		31.20		4.16
RADIOLOGY	4	5		394.00		78.80	.111		98.50		8.76
ROOM USE	2	2		193.99		97.00	.044		97.00		4.31
CROSSOVERS/ALL OTH OUTPINT	2	2		45.79		22.90	.044		22.90		1.02
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
CO HOSPITAL INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
ROOM USE	0	0		.00		.00	.000		.00		.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITU:	RES N		EPOR			DEC		PΑ	AGE 1,811
MOP024	FEE-FOR-SERVICE/DENTA										01/17/03
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----- MONTHLY AVERAGE -----USERS 45 ELIGIBLES UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE @COMMUNITY HOSPITAL TOTAL 34 \$ \$ 223.56 .756 \$ 691.00 \$ 168.91 11 7,600.97 COMM HOSP INPATIENT TOTAL 5 6,660.20 1332.04 .111 3330.10 148.00 0 0 .00 .00 .000 .00 .00 HSC HOSPITALS NON-HSC HOSPITALS TOTAL 6,660.20 1332.04 .111 3330.10 148.00 291.64 729.09 32.40 ACCOMMODATIONS 1,458.18 .111 ADMINISTRATIVE DAYS 0 0 .00 .00 .000 .00 .00 TRANSITIONAL IP CARE .00 .00 .000 .00 .00

SUMMARY OF SERVICES FOR 73 MINOR CONSENT AID CODES AID CODES 7M 7P 7R

COLUSA COUNTY

ALL OTHER ACCOM	2	5		1,458.18		291.64	.111		729.09		32.40
ANCILLARIES	2	0		5,202.02		.00	.000		2601.01		115.60
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	10	29		940.77		32.44	.644		94.08		20.91
MEDICAL	1	1		110.35		110.35	.022		110.35		2.45
SURGERY	0	0		9.43		.00	.000		.00		.21
PATHOLOGY	6	19		187.21		9.85	.422		31.20		4.16
RADIOLOGY	4	5		394.00		78.80	.111		98.50		8.76
ROOM USE	2	2		193.99		97.00	.044		97.00		4.31
CROSSOVERS/ALL OTH OUTPINT	2	2		45.79		22.90	.044		22.90		1.02
@STATE HOSPITAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
MENTALLY ILL	0	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	0	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0		.00		.00	.000		.00		.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	9	31	\$	556.26	\$	17.94	.689	\$	61.81	\$	12.36
PATHOLOGY	9	31		556.26		17.94	.689		61.81		12.36
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
@ORGANIZED OUTPATIENT CLINIC	9	16	\$	1,001.17	\$	62.57	.356	\$	111.24	\$	22.25
CLINIC	2	9		391.12		43.46	.200		195.56		8.69
SURGICENTER	0	0		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	7	7		610.05		87.15	.156		87.15		13.56
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND E	XPENDITU	JRES	MONTH-OF-PAYMENT RI	EPOR'	r for jan 2	2002 THRU	DEC	2002	PA	AGE 1,812
MOP024	FEE-FOR-SERVICE/DENTAL					_	_				01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR	73 MIN	IOR (	CONSENT AID CODES A	ID CO	DDES 7M 7P		ONTE:		CE	

45 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER OR DAYS OF CARE PER UNIT/DAY PER ELIG USER ELIGIBLE 1 \$ 105.00 \$ 105.00 .022 \$ 105.00 \$ 2.33 @ALL OTHER PROVIDERS .00 .00 .000 .00 DURABLE MED. EQUIP. 0 0 .00 .000 BLOOD BANK 0 .00 .00 .00 .00 HEARING AID DISPENSERS .00 .00 .00 .00 .000 .00 .00 .00 MEDICAL TRANSPORTATION .000 .00 AMBULANCES/AIR TRANS .00 .00 .000 .00 .00 .00 .00 .00 .00 OTHER TRANS .000 .00 .000 .00 .00 .00 OTHER SERVICES ACUPUNCTURE .00 .00 .000 .00 .00 ADULT DAY HEALTH CARE CTR .00 .00 .000 .00 .00

105.00

105.00

GENETIC DISEASE TESTING

----- MONTHLY AVERAGE -----

105.00

2.33

.022

IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0	\$ .00	\$ .00	.000 \$	.00 \$	.00

^{@*} TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,813 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 74 FOR FUTURE USE

COLOSA COUNTI	SUMMARI OF SER	VICES FOR /4 FOR FO	OIOKE	USE		MON	TIII 7 7.7	CE.
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	MON'	COST PER	
00 ELIGIBLES	USEKS			EXPENDITURES		, -		COST PER
	0	OR DAYS OF CARE	÷	0.0	PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@TOTAL, ALL PROVIDERS	0	0 5	<b>⊋</b>	.00	\$ .00	.000 \$	.00	\$ .00
@PHYSICIANS SERVICES	0	0 :	Þ	.00	\$ .00	.000 \$	.00	\$ .00
OUTPATIENT VISITS	0	0		.00	.00	.000	.00	.00
OFFICE VISITS	Ü	U		.00	.00	.000	.00	.00
HOME VISITS	0	0		.00	.00	.000	.00	.00
EMERGENCY ROOM	0	0		.00	.00	.000	.00	.00
PREVENTIVE CARE	0	0		.00	.00	.000	.00	.00
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00	.00
OTHER OUTPATIENT	0	0		.00	.00	.000	.00	.00
INPATIENT VISITS	0	0		.00	.00	.000	.00	.00
HOSPITAL VISITS	0	0		.00	.00	.000	.00	.00
CRITICAL CARE	0	0		.00	.00	.000	.00	.00
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00	.00
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00	.00
EXAMINATIONS	0	0		.00	.00	.000	.00	.00
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00	.00
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00	.00
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00	.00
ASSISTANT SURGEON	0	0		.00	.00	.000	.00	.00
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00	.00
DIALYSIS	0	0		.00	.00	.000	.00	.00
PATHOLOGY	0	0		.00	.00	.000	.00	.00
RADIOLOGY	0	0		.00	.00	.000	.00	.00
PSYCHIATRY	0	0		.00	.00	.000	.00	.00

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

IMMUNIZATION AND INJECTION	0	0		.00	.00	.000	.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00	.00	.000	.00		.00
@PHARMACY	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
PRESCRIPTION DRUGS	0	0		.00	.00	.000	.00		.00
SNF/ICF	0	0		.00	.00	.000	.00		.00
OUTPATIENTS	0	0		.00	.00	.000	.00		.00
MEDICAL SUPPLIES	0	0		.00	.00	.000	.00		.00
@DENTIST	0	0	\$	.00	\$ .00	.000	\$ .00	\$	.00
VISITS - DIAGNOSTIC	0	0		.00	.00	.000	.00		.00
ORAL SURGERY	0	0		.00	.00	.000	.00		.00
DRUGS	0	0		.00	.00	.000	.00		.00
ANESTHESIA	0	0		.00	.00	.000	.00		.00
PERIODONTICS	0	0		.00	.00	.000	.00		.00
ENDODONTICS	0	0		.00	.00	.000	.00		.00
RESTORATIVE DENTISTRY	0	0		.00	.00	.000	.00		.00
PROSTHETICS	0	0		.00	.00	.000	.00		.00
DENTURES, STAYPLATES	0	0		.00	.00	.000	.00		.00
SPACE MAINTAINERS	0	0		.00	.00	.000	.00		.00
MAXILLOFACIAL SERVICES	0	0		.00	.00	.000	.00		.00
FRACTURES, DISLOCATIONS	0	0		.00	.00	.000	.00		.00
ORTHODONTIC SERVICES	0	0		.00	.00	.000	.00		.00
ALL OTHER SERVICES	0	0		.00	.00	.000	.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICE		RES MONTH-C	F-PAYMENT RI	EPORT FOR JAN	2002 THRU D	EC 2002	PAGE	1,814
MOP024	FEE-FOR-SERVICE/							01	/17/03
COLUSA COUNTY	SUMMARY OF SERVI	CES FOR 74 FOR	FUTURE USE	Ξ					
							NTHLY AVERA		
00 ELIGIBLES	USERS	UNITS OF SERVICE	E E	KPENDITURES	AVERAGE COS	T UNITS/DAYS	COST PER	COSI	' PER

PER UNIT/DAY PER ELIG USER

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OR DAYS OF CARE

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@OPTOMETRIST

DIAGNOSTIC AND ANC. PROCED

EYE APPLIANCES

OTHER OPTOMETRIC SERVICES

0 \$

0

0

0

ACUTDODD ACTION	0	0	ċ	0.0	ċ	0.0	.000	ė nn	\$ .00
@CHIROPRACTOR	0		\$	.00	\$	.00		\$ .00	
VISITS		0		.00		.00	.000	.00	.00
OTHER SERVICES	0	0		.00		.00	.000	.00	.00
@PODIATRIST	0	0	\$	.00	\$	.00	.000		\$ .00
MEDICINE/INJECTIONS	0	0		.00		.00	.000	.00	.00
SURGERY/ANES.	0	0		.00		.00	.000	.00	.00
RADIO./PATHOLOGY	0	0		.00		.00	.000	.00	.00
OTHER	0	0		.00		.00	.000	.00	.00
@HOME HEALTH AGENCY	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00
NURSE ANESTHESIST	0	0	Š	.00	\$	.00	.000	\$ .00	\$ .00
NURSE MIDWIFE	0	0	Ċ	.00	\$	.00	.000	\$ .00	\$ .00
	0	0	ب د						
PEDIATRIC NURSE PRACTITIONER			ې د	.00	\$	.00	.000	\$ .00	
FAMILY NURSE PRACTITIONER	0	0	Ş	.00	\$	.00	.000	\$ .00	\$ .00
@TOTAL HOSPITAL	0	0	Ş	.00	\$	.00	.000	\$ .00	\$ .00
HOSP INPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITAL TOTAL	0	0		.00		.00	.000	.00	.00
ACCOMMODATIONS	0	0		.00		.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
	0	0							
ALL OTHER INPATIENT	•	· ·		.00		.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0		.00		.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000		\$ .00
CO HOSPITAL INPATIENT TOTAL	. 0	0	'	.00	'	.00	.000	.00	.00
HSC HOSPITALS	0	0		.00		.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000	.00	.00
	0	0		.00		.00	.000	.00	
ACCOMMODATIONS	0	•							.00
ADMINISTRATIVE DAYS	•	0		.00		.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000	.00	.00
ALL OTHER ACCOM	0	0		.00		.00	.000	.00	.00
ANCILLARIES	0	0		.00		.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000	.00	.00
ALL OTHER INPATIENT	0	0		.00		.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000	.00	.00
MEDICAL	0	0		.00		.00	.000	.00	.00
SURGERY	0	0		.00		.00	.000	.00	.00
PATHOLOGY	0	0		.00		.00	.000	.00	.00
RADIOLOGY	0	0		.00		.00	.000	.00	.00
ROOM USE	0	0		.00		.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	· ·	0		.00		.00	.000	.00	.00
	•	•	TO MO						
		CES AND EXPENDITUR	ES MOI	NTH-OF-PAYMENT RE	EPORT	FOR JAN 2002	Z THRU I	DEC 2002	PAGE 1,815
MOP024	FEE-FOR-SERVIC								01/17/03
COLUSA COUNTY	SUMMARY OF SER	VICES FOR 74 FOR	FUTURI	E USE					
								ONTHLY AVERA	
00 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES		RAGE COST UNI			COST PER
		OR DAYS OF CARE			PER	. UNIT/DAY PI	ER ELIG		ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	0	0	\$	.00	\$	.00	.000	\$ .00	\$ .00

COMM HOSP INPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
HSC HOSPITALS	0	0		.00		.00	.000		.00		.00
NON-HSC HOSPITALS TOTAL	0	0		.00		.00	.000		.00		.00
ACCOMMODATIONS	0	0		.00		.00	.000		.00		.00
ADMINISTRATIVE DAYS	0	0		.00		.00	.000		.00		.00
TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
ALL OTHER ACCOM	0	0		.00		.00	.000		.00		.00
ANCILLARIES	0	0		.00		.00	.000		.00		.00
INPATIENT CROSSOVERS	0	0		.00		.00	.000		.00		.00
ALL OTHER INPATIENT	0	0		.00		.00	.000		.00		.00
COMM HOSP OUTPATIENT TOTAL	0	0		.00		.00	.000		.00		.00
MEDICAL	0	0		.00		.00	.000		.00		.00
SURGERY	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
	0	0		.00		.00	.000		.00		.00
ROOM USE	0	•									
CROSSOVERS/ALL OTH OUTPTNT	U	0	Ċ	.00	Ċ	.00	.000	Ċ	.00	Ċ	.00
@STATE HOSPITAL	U	0	\$	.00	\$	.00	.000	\$		\$	.00
MENTALLY ILL	U	0		.00		.00	.000		.00		.00
DEVELOP. DISABLED	Ü	0		.00		.00	.000		.00		.00
@NURSING FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
LEV A-INTERMEDIATE	0	0		.00		.00	.000		.00		.00
LEV B-REHAB MD	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE FREESTANDING	0	0		.00		.00	.000		.00		.00
LEV B-SUBACUTE HSPTL BASED	0	0		.00		.00	.000		.00		.00
LEV B-TRANSITIONAL IP CARE	0	0		.00		.00	.000		.00		.00
LEV B-REGULAR	0	0		.00		.00	.000		.00		.00
@INTERMEDIATE CARE FACILDD	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00
ICF DDH	0	0		.00		.00	.000		.00		.00
ICF DD	0	0		.00		.00	.000		.00		.00
ICF DDN/DDCN	0	0		.00		.00	.000		.00		.00
@HEMODIALYSIS TOTAL	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	•	.00		.00	.000		.00		.00
HEMODIALYSIS CENTER	0	0		.00		.00	.000		.00		.00
@REHABILITATION FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
HOSPITAL BASED	0	0	т	.00	т	.00	.000	т	.00	Τ	.00
INDEPENDENT FACILITY	0	0		.00		.00	.000		.00		.00
@LABORATORY FACILITY	0	0	\$	.00	\$	.00	.000	\$		\$	.00
PATHOLOGY	0	0	Y	.00	Ÿ	.00	.000	Ÿ	.00	Y	.00
XO AND OTHERS	0	0		.00		.00	.000		.00		.00
	0	0	ċ		Ċ			Ċ		ċ	
@ORGANIZED OUTPATIENT CLINIC	0	0	\$	.00	\$	.00	.000	\$		\$	.00
CLINIC	U	0		.00		.00	.000		.00		.00
SURGICENTER	U	U		.00		.00	.000		.00		.00
HEROIN DETOX CLINIC	0	0		.00		.00	.000		.00		.00
RURAL HEALTH CLINIC	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV			RES MC	NTH-OF-PAYMENT RI	EPORT	FOR JAN 2	2002 THRU 1	DEC 2	2002		1,816
MOP024	FEE-FOR-SERVICE									01	1/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 74 FOR	FUTUR	RE USE							
							MO	IHTNC	LY AVERAG	E	
00 ELIGIBLES	USERS	UNITS OF SERVICE	C	EXPENDITURES	AVER	RAGE COST	UNITS/DAYS	S CC	OST PER	COST	PER
		OR DAYS OF CARE	Ē		PER	UNIT/DAY	PER ELIG		USER		FIBLE
@ALL OTHER PROVIDERS	0	0	\$	.00	\$	.00		\$	.00	\$	.00
DURABLE MED. EQUIP.	0	0		.00		.00	.000		.00		.00
BLOOD BANK	0	0		.00		.00	.000		.00		.00
HEARING AID DISPENSERS	0	0		.00		.00	.000		.00		.00
MEDICAL TRANSPORTATION	0	0		.00		.00	.000		.00		.00

AMBULANCES/AIR TRANS	0	0	. (	0.0	.00	.000	.00	.00
OTHER TRANS	0	0	. (	0.0	.00	.000	.00	.00
OTHER SERVICES	0	0	. (	0.0	.00	.000	.00	.00
ACUPUNCTURE	0	0	. (	0.0	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	. (	0.0	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	. (	0.0	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	. (	0.0	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	. (	0.0	.00	.000	.00	.00
OPTICIAN	0	0	. (	0.0	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	. (	0.0	.00	.000	.00	.00
PORTABLE X-RAY	0	0	. (	0.0	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	. (	0.0	.00	.000	.00	.00
PROSTHETICS	0	0	. (	0.0	.00	.000	.00	.00
ORTHOTICS	0	0	. (	0.0	.00	.000	.00	.00
PSYCHOLOGIST	0	0	. (	0.0	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	. (	0.0	.00	.000	.00	.00
HOSPICE SERVICES	0	0	. (	0.0	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	. (	0.0	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	. (	0.0	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	. (	0.0	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	. (	0.0	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	. (	0.0	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	. (	0.0	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	0	0 \$	. (	00 \$	.00	.000 \$	.00 \$	.00
@XOVER EXCLUDING STATE HOSP**	0	0 \$	. (	00 \$	.00	.000 \$	.00 \$	.00

 $[\]ensuremath{ ext{@*}}$  TOTALS IN THESE LINES ARE GIVEN AS A SEPARATE INFORMATION ITEM ONLY;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

INDED DAILY THE INCHEDED	IN THE MITHORNIAL DELIMIN BINES MOVE.		
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT RE	EPORT FOR JAN 2002 THRU DEC 2002	PAGE 1,817
MOP024	FEE-FOR-SERVICE/DENTAL		01/17/03
COLUSA COUNTY	SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC	AID CODES 6N	

								MONTHLY AVERAGE					
16 ELIGIBLES	USERS	UNITS OF SERVICE		EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER		COST PER				
		OR DAYS OF CARE			PER UNIT/DAY	PER ELIG	USER		ELIGIBLE				
@TOTAL, ALL PROVIDERS	15	44 \$	5	1,920.37	\$ 43.64	2.750	128.02	\$	120.02				
@PHYSICIANS SERVICES	4	4 \$	5	129.73	\$ 32.43	.250	32.43	\$	8.11				
OUTPATIENT VISITS	4	4		129.73	32.43	.250	32.43		8.11				
OFFICE VISITS	1	1		18.10	18.10	.063	18.10		1.13				
HOME VISITS	0	0		.00	.00	.000	.00		.00				
EMERGENCY ROOM	0	0		.00	.00	.000	.00		.00				
PREVENTIVE CARE	0	0		.00	.00	.000	.00		.00				
OB VISITS/COMPRE PERI	0	0		.00	.00	.000	.00		.00				
OTHER OUTPATIENT	3	3		111.63	37.21	.188	37.21		6.98				
INPATIENT VISITS	0	0		.00	.00	.000	.00		.00				
HOSPITAL VISITS	0	0		.00	.00	.000	.00		.00				
CRITICAL CARE	0	0		.00	.00	.000	.00		.00				
SNF/ICF/TRANS IP CARE	0	0		.00	.00	.000	.00		.00				
OPHTHALMOLOGICAL SERVICES	0	0		.00	.00	.000	.00		.00				
EXAMINATIONS	0	0		.00	.00	.000	.00		.00				
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00				
INPATIENT HOSPITAL SURGERY	0	0		.00	.00	.000	.00		.00				
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00				
ASSISTANT SURGEON	0	0		.00	.00	.000	.00		.00				
ANESTHESIOLOGIST	0	0		.00	.00	.000	.00		.00				
OUTPATIENT SURGERY	0	0		.00	.00	.000	.00		.00				
PRINCIPAL SURGEON	0	0		.00	.00	.000	.00		.00				

3.007.003.100.0110.000.11	0	0		0.0		0.0	0.00		0.0		0.0
ASSISTANT SURGEON	0	0		.00		.00	.000		.00		.00
ANESTHESIOLOGIST	U	0		.00		.00	.000		.00		.00
DIALYSIS	0	0		.00		.00	.000		.00		.00
PATHOLOGY	0	0		.00		.00	.000		.00		.00
RADIOLOGY	0	0		.00		.00	.000		.00		.00
PSYCHIATRY	0	0		.00		.00	.000		.00		.00
IMMUNIZATION AND INJECTION	0	0		.00		.00	.000		.00		.00
OTHER SERVICES/ALL X-OVERS	0	0		.00		.00	.000		.00		.00
@PHARMACY	12	24	\$	1,441.46	\$	60.06	1.500	\$	120.12	\$	90.09
PRESCRIPTION DRUGS	10	20		1,158.82		57.94	1.250		115.88		72.43
SNF/ICF	0	0		.00		.00	.000		.00		.00
OUTPATIENTS	10	20		1,158.82		57.94	1.250		115.88		72.43
MEDICAL SUPPLIES	4	4		282.64		70.66	.250		70.66		17.67
@DENTIST	2	13	\$	265.00	\$	20.38	.813	\$	132.50	\$	16.56
VISITS - DIAGNOSTIC	1	12		65.00		5.42	.750		65.00		4.06
ORAL SURGERY	0	0		.00		.00	.000		.00		.00
DRUGS	0	0		.00		.00	.000		.00		.00
ANESTHESIA	0	0		.00		.00	.000		.00		.00
PERIODONTICS	1	1		200.00		200.00	.063		200.00		12.50
ENDODONTICS	0	0		.00		.00	.000		.00		.00
RESTORATIVE DENTISTRY	0	0		.00		.00	.000		.00		.00
PROSTHETICS	0	0		.00		.00	.000		.00		.00
DENTURES, STAYPLATES	0	0		.00		.00	.000		.00		.00
SPACE MAINTAINERS	0	0		.00		.00	.000		.00		.00
MAXILLOFACIAL SERVICES	0	0		.00		.00	.000		.00		.00
FRACTURES, DISLOCATIONS	0	0		.00		.00	.000		.00		.00
ORTHODONTIC SERVICES	0	0		.00		.00	.000		.00		.00
ALL OTHER SERVICES	0	0		.00		.00	.000		.00		.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES AND	EXPENDITURE	S MONTH-OF	-PAYMENT RE	PORT			DEC	2002	PÆ	AGE 1,818
MOP024	FEE-FOR-SERVICE/DENTAL										01/17/03
			,				_				. , .,

COLOSA COUNTI	DOMESTIC OF DELL	VICED FOR	75 551	ALLE	AL/ NLDC		1	AID CODES	OIA				
									M	ON	THLY AVERA	GE	
16 ELIGIBLES	USERS	UNITS OF	SERVICE	3	EXPENDITU	RES	AVE	RAGE COST	UNITS/DAY	S	COST PER		COST PER
		OR DAYS	OF CARE	3			PER	UNIT/DAY	PER ELIG		USER		ELIGIBLE
@OPTOMETRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
DIAGNOSTIC AND ANC. PROCED	0		0			.00		.00	.000		.00		.00
EYE APPLIANCES	0		0			.00		.00	.000		.00		.00
OTHER OPTOMETRIC SERVICES	0		0			.00		.00	.000		.00		.00
@CHIROPRACTOR	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
VISITS	0		0			.00		.00	.000		.00		.00
OTHER SERVICES	0		0			.00		.00	.000		.00		.00
@PODIATRIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
MEDICINE/INJECTIONS	0		0			.00		.00	.000		.00		.00
SURGERY/ANES.	0		0			.00		.00	.000		.00		.00
RADIO./PATHOLOGY	0		0			.00		.00	.000		.00		.00
OTHER	0		0			.00		.00	.000		.00		.00
@HOME HEALTH AGENCY	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE ANESTHESIST	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
NURSE MIDWIFE	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
PEDIATRIC NURSE PRACTITIONER	. 0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
FAMILY NURSE PRACTITIONER	0		0	\$		.00	\$	.00	.000	\$	.00	\$	.00
@TOTAL HOSPITAL	2		3	\$	84	.18	\$	28.06	.188	\$	42.09	\$	5.26
HOSP INPATIENT TOTAL	0		0			.00		.00	.000		.00		.00
HSC HOSPITALS	0		0			.00		.00	.000		.00		.00
NON-HSC HOSPITAL TOTAL	0		0			.00		.00	.000		.00		.00
ACCOMMODATIONS	0		0			.00		.00	.000		.00		.00

SUMMARY OF SERVICES FOR 75 SSI APPEAL/NLDC AID CODES 6N

COLUSA COUNTY

ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
HOSP OUTPATIENT TOTAL	2	3	84.18	28.06	.188	42.09	5.26
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	1	2	31.63	15.82	.125	31.63	1.98
RADIOLOGY	0	0	6.49	.00	.000	.00	.41
ROOM USE	1	1	46.06	46.06	.063	46.06	2.88
CROSSOVERS/ALL OTH OUTPINT	0	0	.00	.00	.000	.00	.00
@COUNTY HOSPITAL TOTAL	0	0 \$	.00	\$ .00	.000	\$ .00	\$ .00
CO HOSPITAL INPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
HSC HOSPITALS	0	0	.00	.00	.000	.00	.00
NON-HSC HOSPITALS TOTAL	0	0	.00	.00	.000	.00	.00
ACCOMMODATIONS	0	0	.00	.00	.000	.00	.00
ADMINISTRATIVE DAYS	0	0	.00	.00	.000	.00	.00
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.00
ANCILLARIES	0	0	.00	.00	.000	.00	.00
INPATIENT CROSSOVERS	0	0	.00	.00	.000	.00	.00
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
CO HOSP OUTPATIENT TOTAL	0	0	.00	.00	.000	.00	.00
MEDICAL	0	0	.00	.00	.000	.00	.00
SURGERY	0	0	.00	.00	.000	.00	.00
PATHOLOGY	0	0	.00	.00	.000	.00	.00
RADIOLOGY	0	0	.00	.00	.000	.00	.00
ROOM USE	0	0	.00	.00	.000	.00	.00
CROSSOVERS/ALL OTH OUTPTNT	0	0	.00	.00	.000	.00	.00
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVICES A	ND EXPENDITURES	MONTH-OF-PAYMENT REP	ORT FOR JAN	2002 THRU I	DEC 2002	PAGE 1,819

MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03 COLUSA COUNTY

COLOSA COUNTI	SUMMARI OF SERVICES	FOR /J SSI AFFE	AL/NLDC	AID CODES			_	
16 ELIGIBLES	USERS UNI	TS OF SERVICE	EXPENDITURES	AVERAGE COST	MONT		E COST PE	
10 FTIGIPTE2		DAYS OF CARE	EXPENDITORES	PER UNIT/DAY		USER	ELIGIBL	
@COMMUNITY HOSPITAL TOTAL	OR 2 0	JAIS OF CARE	84.18	\$ 28.06	.188 \$	42.09		
COMM HOSP INPATIENT TOTAL	0	0	.00	.00	.000	.00	.0	
HSC HOSPITALS		0	.00	.00	.000	.00	.0	
	0 0 0 0 0 0 0 0	0	.00	.00	.000	.00	.0	
NON-HSC HOSPITALS TOTAL	0	0		.00	.000	.00	.0	
ACCOMMODATIONS	0	0	.00	.00		.00	.0	
ADMINISTRATIVE DAYS	0	0			.000			
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	
ALL OTHER ACCOM	0	0	.00	.00	.000	.00	.0	
ANCILLARIES	U	0	.00	.00	.000	.00	.0	
INPATIENT CROSSOVERS	U	0	.00	.00	.000	.00	.0	
ALL OTHER INPATIENT	U	0	.00	.00	.000	.00 42.09	.0	
COMM HOSP OUTPATIENT TOTAL	2	3	84.18	28.06			5.2	
MEDICAL	U	0	.00	.00	.000	.00	.0	
SURGERY	0	0	.00	.00	.000	.00	.0	
PATHOLOGY	1	2	31.63	15.82	.125	31.63	1.9	
RADIOLOGY	0	0	6.49	.00	.000	31.63 .00 46.06	. 4	
ROOM USE	1	1	46.06	46.06			2.8	
CROSSOVERS/ALL OTH OUTPTNT		0	.00	.00	.000	.00	. 0	
@STATE HOSPITAL	0	0 \$	.00	\$ .00	.000 \$	.00		
MENTALLY ILL	0	0	.00	.00	.000	.00	.0	
DEVELOP. DISABLED	0	0	.00	.00	.000	.00	.0	
@NURSING FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00		
LEV A-INTERMEDIATE	0	0	.00	.00	.000	.00	.0	0 (
LEV B-REHAB MD	0	0	.00	.00	.000	.00	.0	0 (
LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.0	0 (
LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.0	0 (
LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.0	0 (
LEV B-REGULAR	0 0 0 0 0	0	.00	.00	.000	.00	.0	0 (
@INTERMEDIATE CARE FACILDD	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0 (
ICF DDH	0	0	.00	.00	.000	.00	.0	0 (
ICF DD	0	0	.00	.00	.000	.00	.0	0 (
ICF DDN/DDCN	0	0	.00	.00	.000	.00	.0	0 (
@HEMODIALYSIS TOTAL	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0 (
HOSPITAL BASED	0	0	.00	.00	.000	.00	.0	0 (
HEMODIALYSIS CENTER	0	0	.00	.00	.000	.00	.0	0 (
@REHABILITATION FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0 (
HOSPITAL BASED	0	0	.00	.00	.000	.00	.0	0 (
INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.0	0 (
@LABORATORY FACILITY	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0 (
PATHOLOGY	0	0	.00	.00	.000	.00	.0	0 (
XO AND OTHERS	0	0	.00	.00	.000	.00	.0	00
@ORGANIZED OUTPATIENT CLINIC	0	0 \$	.00	\$ .00	.000 \$	.00	\$ .0	0 (
CLINIC	0	0	.00	.00	.000	.00	.0	00
SURGICENTER	0	0	.00	.00	.000	.00	.0	0
HEROIN DETOX CLINIC	0	0	.00	.00	.000	.00	.0	
RURAL HEALTH CLINIC	0	Ô	.00	.00	.000	.00	.0	
#CALIF DEPT OF HEALTH SERV								
	FEE-FOR-SERVICE/DEN					* * =	01/17	
COLUSA COUNTY	SUMMARY OF SERVICES		AL/NLDC	AID CODES	6N		J = , = ,	,
	11 021.11000		, -:== =		MONT	HLY AVERAC	E	
16 ELICIDIES	HOEDO HINT	IC OF CEDITOR	EADENDIMIDEC	ATTERACE COCH				

16 ELIGIBLES USERS UNITS OF SERVICE EXPENDITURES AVERAGE COST UNITS/DAYS COST PER COST PER

		OR DAYS OF CARE		PER UNIT/DAY	PER ELIG	USER	ELIGIBLE
@ALL OTHER PROVIDERS	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00
DURABLE MED. EQUIP.	0	0	.00	.00	.000	.00	.00
BLOOD BANK	0	0	.00	.00	.000	.00	.00
HEARING AID DISPENSERS	0	0	.00	.00	.000	.00	.00
MEDICAL TRANSPORTATION	0	0	.00	.00	.000	.00	.00
AMBULANCES/AIR TRANS	0	0	.00	.00	.000	.00	.00
OTHER TRANS	0	0	.00	.00	.000	.00	.00
OTHER SERVICES	0	0	.00	.00	.000	.00	.00
ACUPUNCTURE	0	0	.00	.00	.000	.00	.00
ADULT DAY HEALTH CARE CTR	0	0	.00	.00	.000	.00	.00
GENETIC DISEASE TESTING	0	0	.00	.00	.000	.00	.00
IHMC, MODEL-NF, NF, AIDS, MSSP	0	0	.00	.00	.000	.00	.00
OCCUPATIONAL THERAPIST	0	0	.00	.00	.000	.00	.00
OPTICIAN	0	0	.00	.00	.000	.00	.00
PHYSICAL THERAPIST	0	0	.00	.00	.000	.00	.00
PORTABLE X-RAY	0	0	.00	.00	.000	.00	.00
PROSTHETIST/ORTHOTISTS	0	0	.00	.00	.000	.00	.00
PROSTHETICS	0	0	.00	.00	.000	.00	.00
ORTHOTICS	0	0	.00	.00	.000	.00	.00
PSYCHOLOGIST	0	0	.00	.00	.000	.00	.00
SPEECH AND AUDIOLOGY	0	0	.00	.00	.000	.00	.00
HOSPICE SERVICES	0	0	.00	.00	.000	.00	.00
NONINST BIRTHING CENTERS	0	0	.00	.00	.000	.00	.00
LOCAL EDUCATION AGENCIES	0	0	.00	.00	.000	.00	.00
EPSDT SUPPLEMENTAL SERVICE	0	0	.00	.00	.000	.00	.00
RESPIRATORY CARE PRACT.	0	0	.00	.00	.000	.00	.00
PED SUBACUTE REHAB/WEANING	0	0	.00	.00	.000	.00	.00
ALL OTHER PROVIDERS	0	0	.00	.00	.000	.00	.00
@CALIF. CHILDREN SERVICES*	1	1 \$	69.75	\$ 69.75	.063 \$	69.75 \$	4.36
@XOVER EXCLUDING STATE HOSP**	0	0 \$	.00	\$ .00	.000 \$	.00 \$	.00

 $\ensuremath{\emptyset}^{\star}$  Totals in these lines are given as a separate information item only;

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

 $\star\star$  These data are included in the appropriate detail lines above.

#CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,821
MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03
COLUSA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

						MOI	NTHLY AVERA	GE	
51,562 ELIGIBLES	USERS	UNITS OF SERVICE	E	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COS	T PER
		OR DAYS OF CAR	Ε		PER UNIT/DAY	PER ELIG	USER	ELI	GIBLE
@TOTAL, ALL PROVIDERS	26,324	254,989	\$	10,896,293.34	\$ 42.73	4.945	\$ 413.93	\$ 2	211.32
@PHYSICIANS SERVICES	6,345	16,661	\$	774,786.37	\$ 46.50	.323	\$ 122.11	\$	15.03
OUTPATIENT VISITS	3 <b>,</b> 377	4,535		167,981.41	37.04	.088	49.74		3.26
OFFICE VISITS	2,433	3,083		96,294.38	31.23	.060	39.58		1.87
HOME VISITS	15	21		911.70	43.41	.000	60.78		.02
EMERGENCY ROOM	258	298		15,799.95	53.02	.006	61.24		.31
PREVENTIVE CARE	2	2		90.66	45.33	.000	45.33		.00
OB VISITS/COMPRE PERI	288	453		38,934.75	85.95	.009	135.19		.76
OTHER OUTPATIENT	528	678		15 <b>,</b> 949.97	23.53	.013	30.21		.31
INPATIENT VISITS	384	1,189		72,704.87	61.15	.023	189.34		1.41
HOSPITAL VISITS	367	992		44,885.43	45.25	.019	122.30		.87
CRITICAL CARE	48	192		27,649.73	144.01	.004	576.04		.54
SNF/ICF/TRANS IP CARE	4	5		169.71	33.94	.000	42.43		.00
OPHTHALMOLOGICAL SERVICES	132	162		7,178.56	44.31	.003	54.38		.14
EXAMINATIONS	132	162		7,178.56	44.31	.003	54.38		.14
SERVICES AND MATERIALS	0	0		.00	.00	.000	.00		.00

INPATIENT HOSPITAL SURGERY	342	1,094	257,148.00	235.05	.021	751.89	4.99
PRINCIPAL SURGEON	269	317	233,331.73	736.06	.006	867.40	4.53
ASSISTANT SURGEON	41	38	6,881.14	181.08	.001	167.83	.13
ANESTHESIOLOGIST	63	739	16,935.13	22.92	.014	268.81	.33
OUTPATIENT SURGERY	529	1,279	101,457.07	79.33	.025	191.79	1.97
PRINCIPAL SURGEON	467	670	85,633.74	127.81	.013	183.37	1.66
ASSISTANT SURGEON	8	8	1,253.14	156.64	.000	156.64	.02
ANESTHESIOLOGIST	88	601	14,570.19	24.24	.012	165.57	.28
DIALYSIS	15	140	3,740.98	26.72	.003	249.40	.07
PATHOLOGY	727	1,096	11,653.69	10.63	.021	16.03	.23
RADIOLOGY	1,013	1,545	58,374.02	37.78	.030	57.62	1.13
PSYCHIATRY	0	0	.00	.00	.000	.00	.00
IMMUNIZATION AND INJECTION	99	394	8,757.93	22.23	.008	88.46	.17
OTHER SERVICES/ALL X-OVERS	1,720	5,227	85,789.84	16.41	.101	49.88	1.66
@PHARMACY	15,504	78,993	3,169,005.39	\$ 40.12	1.532 \$	204.40	\$ 61.46
PRESCRIPTION DRUGS	15,253	46,670	3,070,388.01	65.79	.905	201.30	59.55
SNF/ICF	602	3,769	203,715.11	54.05	.073	338.40	3.95
OUTPATIENTS	14,667	42,901	2,866,672.90	66.82	.832	195.45	55.60
MEDICAL SUPPLIES	912	32,323	98,617.38	3.05	.627	108.13	1.91
@DENTIST	1,368		260,012.48		.123 \$	190.07	\$ 5.04
VISITS - DIAGNOSTIC	904	3,734	54,884.45	14.70	.072	60.71	1.06
ORAL SURGERY	187	520	31,366.23	60.32	.010	167.73	.61
DRUGS	24	28	581.68	20.77	.001	24.24	.01
ANESTHESIA	32	32	3,200.00	100.00	.001	100.00	.06
PERIODONTICS	73	75	13,584.00	181.12	.001	186.08	.26
ENDODONTICS	81	236	25,401.50	107.63	.005	313.60	.49
RESTORATIVE DENTISTRY	435	1,399	91,476.75	65.39	.027	210.29	1.77
PROSTHETICS	9	9	200.00	22.22	.000	22.22	.00
DENTURES, STAYPLATES	57	127	24,713.50	194.59	.002	433.57	.48
SPACE MAINTAINERS	20	24	2,237.37	93.22	.000	111.87	.04
MAXILLOFACIAL SERVICES	7	10	292.00	29.20	.000	41.71	.01
FRACTURES, DISLOCATIONS	1	1	1,200.00	1200.00	.000	1200.00	.02
ORTHODONTIC SERVICES	103	127	10,425.00	82.09	.002	101.21	.20
ALL OTHER SERVICES	9	9	450.00	50.00	.000	50.00	.01
#CALIF DEPT OF HEALTH SERV	MEDI-CAL SERVIC	ES AND EXPENDITURES	S MONTH-OF-PAYMENT R	EPORT FOR JAN 2	2002 THRU DE	C 2002	PAGE 1,822
MOP024	FEE-FOR-SERVICE	/DENTAL					01/17/03
COLUSA COUNTY	SUMMARY OF SERV	ICES FOR 80 TOTAL	CERTIFIED				
					MON	THLY AVERA	GE
51,562 ELIGIBLES	USERS	UNITS OF SERVICE	EXPENDITURES	AVERAGE COST	UNITS/DAYS	COST PER	COST PER
		OD DAVC OF CADE		DED IINITH/DAV	DED ELIC	HCED	FITCIBIE

51,562 ELIGIBLES	USERS	UNITS OF SERVICE	F	EXPENDITURES	Z\ 7.71	ERAGE COST			COST PER	ОЦ	COST PER
JI, JUZ EDIGIBLES	025173	OR DAYS OF CAR		EXFENDITORES		R UNIT/DAY	PER ELIG	) (	USER		ELIGIBLE
	= 0.4							_		_	
@OPTOMETRIST	584	1,430	\$	32 <b>,</b> 934.46	\$	23.03	.028	\$	56.39	\$	.64
DIAGNOSTIC AND ANC. PROCED	340	342		15,850.28		46.35	.007		46.62		.31
EYE APPLIANCES	409	1,062		16,614.20		15.64	.021		40.62		.32
OTHER OPTOMETRIC SERVICES	18	26		469.98		18.08	.001		26.11		.01
@CHIROPRACTOR	13	19	\$	317.68	\$	16.72	.000	\$	24.44	\$	.01
VISITS	13	19		317.68		16.72	.000		24.44		.01
OTHER SERVICES	0	0		.00		.00	.000		.00		.00
@PODIATRIST	225	284	\$	4,364.94	\$	15.37	.006	\$	19.40	\$	.08
MEDICINE/INJECTIONS	30	35		1,163.64		33.25	.001		38.79		.02
SURGERY/ANES.	5	7		389.82		55.69	.000		77.96		.01
RADIO./PATHOLOGY	0	0		.00		.00	.000		.00		.00
OTHER	192	242		2,811.48		11.62	.005		14.64		.05
@HOME HEALTH AGENCY	182	1,421	\$	65 <b>,</b> 961.78	\$	46.42	.028	\$	362.43	\$	1.28
NURSE ANESTHESIST	101	529	\$	9,843.28	\$	18.61	.010	\$	97.46	\$	.19
NURSE MIDWIFE	12	19	\$	6,242.05	\$	328.53	.000	\$	520.17	\$	.12
PEDIATRIC NURSE PRACTITIONER	0	0	\$	.00	\$	.00	.000	\$	.00	\$	.00

FAMILY NURSE PRACTITIONER	2	3 \$	85.20		28.40	.000			.00
@TOTAL HOSPITAL	6 <b>,</b> 478	29 <b>,</b> 838 \$	3,047,843.63		102.15	.579		\$	59.11
HOSP INPATIENT TOTAL	498	2,110	2,291,741.81		086.13	.041	4601.89		44.45
HSC HOSPITALS	76	419	513,031.56		224.42	.008	6750.42		9.95
NON-HSC HOSPITAL TOTAL	336	1,203	1,690,954.74		405.61	.023	5032.60		32.79
ACCOMMODATIONS	333	1,203	452,744.05		376.35	.023	1359.59		8.78
ADMINISTRATIVE DAYS	2	10	2,003.47	:	200.35	.000	1001.74		.04
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	332	1,193	450,740.58		377.82	.023	1357.65		8.74
ANCILLARIES	336	0	1,238,210.69		.00	.000	3685.15		24.01
INPATIENT CROSSOVERS	92	488	87,755.51		179.83	.009	953.86		1.70
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
HOSP OUTPATIENT TOTAL	6,240	27,728	756,101.82		27.27	.538	121.17		14.66
MEDICAL	1,720	2,500	126,792.67		50.72	.048	73.72		2.46
SURGERY	352	464	30,573.73		65.89	.009	86.86		.59
PATHOLOGY	2,801	9,022	106,728.93		11.83	.175	38.10		2.07
RADIOLOGY	1,713	3,282	148,132.22		45.13	.064	86.48		2.87
ROOM USE	2,958	4,083	162,337.45		39.76	.079	54.88		3.15
CROSSOVERS/ALL OTH OUTPINT	2,883	8,377	181,536.82		21.67	.162	62.97		3.52
@COUNTY HOSPITAL TOTAL	10	93 \$					\$ 6683.30	Ś	1.30
CO HOSPITAL INPATIENT TOTAL	3	49	65,317.89		333.02	.001	21772.63	7	1.27
HSC HOSPITALS	3	49	65,317.89		333.02	.001	21772.63		1.27
NON-HSC HOSPITALS TOTAL	0	0	.00		.00	.000	.00		.00
ACCOMMODATIONS	0	Ö	.00		.00	.000	.00		.00
ADMINISTRATIVE DAYS	0	Ö	.00		.00	.000	.00		.00
TRANSITIONAL IP CARE	0	0	.00		.00	.000	.00		.00
ALL OTHER ACCOM	0	0	.00		.00	.000	.00		.00
ANCILLARIES	0	0	.00		.00	.000	.00		.00
INPATIENT CROSSOVERS	0	0	.00		.00	.000	.00		.00
ALL OTHER INPATIENT	0	0	.00		.00	.000	.00		.00
CO HOSP OUTPATIENT TOTAL	7	44	1,515.10		34.43	.001	216.44		.03
MEDICAL	2	10	560.08		56.01	.000	280.04		.01
SURGERY	0	0	116.40		.00	.000	.00		.00
PATHOLOGY	3	13	114.53		8.81	.000	38.18		.00
RADIOLOGY	1	1	24.02		24.02	.000	24.02		.00
ROOM USE	5	10	468.30		46.83	.000	93.66		.01
CROSSOVERS/ALL OTH OUTPINT	5	10	231.77		23.18	.000	46.35		.00
	-	ES AND EXPENDITURES						D	AGE 1,823
	MEDI-CAL SERVICE FEE-FOR-SERVICE		MONTH-OF-PAIMENT	REPORT .	FOR JAN .	2002 IRU	DEC 2002	PI	01/17/03
		ICES FOR 80 TOTAL	CEDETETED						01/1//03
COLUSA COUNTI	SUMMARI OF SERV	ICES FOR OU TOTAL	CERTIFIED			1.0	ONTHLY AVERA	CE.	
51 562 FITCIDIES	USERS	UNITS OF SERVICE	EXPENDITURES	71 77 77 77	ACE COOM		S COST PER	-	
51,562 ELIGIBLES	USEKS	OR DAYS OF CARE	EVERNOT LOKE?			PER ELIG			COST PER ELIGIBLE
ACOMMINITY HOSPITAL TOTAL	6 470	29 745 \$	2 981 010 64				S 460 74		

51,562 ELIGIBLES	USERS	UNITS OF SERVICE OR DAYS OF CARE	EXPENDITURES	AVERAGE COST PER UNIT/DAY	UNITS/DAYS PER ELIG	COST PER USER	COST PER ELIGIBLE
@COMMUNITY HOSPITAL TOTAL	6,470	29 <b>,</b> 745	\$ 2,981,010.64	\$ 100.22	.577 \$	460.74	\$ 57.81
COMM HOSP INPATIENT TOTAL	496	2,061	2,226,423.92	1080.26	.040	4488.76	43.18
HSC HOSPITALS	73	370	447,713.67	1210.04	.007	6133.06	8.68
NON-HSC HOSPITALS TOTAL	336	1,203	1,690,954.74	1405.61	.023	5032.60	32.79
ACCOMMODATIONS	333	1,203	452,744.05	376.35	.023	1359.59	8.78
ADMINISTRATIVE DAYS	2	10	2,003.47	200.35	.000	1001.74	.04
TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ALL OTHER ACCOM	332	1,193	450,740.58	377.82	.023	1357.65	8.74
ANCILLARIES	336	0	1,238,210.69	.00	.000	3685.15	24.01
INPATIENT CROSSOVERS	92	488	87 <b>,</b> 755 <b>.</b> 51	179.83	.009	953.86	1.70
ALL OTHER INPATIENT	0	0	.00	.00	.000	.00	.00
COMM HOSP OUTPATIENT TOTAL	6,234	27 <b>,</b> 684	754 <b>,</b> 586.72	27.26	.537	121.04	14.63
MEDICAL	1,718	2,490	126,232.59	50.70	.048	73.48	2.45

Pathology	SURGERY	352	464	30,457.33	65.64	.009	86.53	.59
ROOM USE	PATHOLOGY	2,799	9,009	106,614.40	11.83	.175	38.09	2.07
CROSSOVERS/ALL OTH OUTPINT   2,878   8,367   181,305.05   21.67   .162   63.00   3.52	RADIOLOGY	1,712	3,281	148,108.20	45.14	.064	86.51	2.87
STRING HOSPITAL   12   362   141,576.76   391,10   .007   \$11798.06   \$2.75	ROOM USE	2,953	4,073	161,869.15	39.74	.079	54.82	3.14
STRING HOSPITAL   12   362   141,576.76   391,10   .007   \$11798.06   \$2.75	CROSSOVERS/ALL OTH OUTPINT		8,367	181,305.05		.162	63.00	3.52
DEVELOP. DISABLED   12   362   141,576.76   391.10   .007   11798.06   2.75	@STATE HOSPITAL	12	362	\$ 141,576.76	\$	.007	\$ 11798.06	\$ 2.75
WINTSING FACILITY         598         18,106         \$ 1,761,529.83         \$ 97.29         .351         \$ 2945.70         \$ 34.16           LEV A-INTERMEDIATE         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td< td=""><td>MENTALLY ILL</td><td>0</td><td>0</td><td>.00</td><td>.00</td><td>.000</td><td>.00</td><td>.00</td></td<>	MENTALLY ILL	0	0	.00	.00	.000	.00	.00
LEV A-INTERMEDIATE 0 0 1,486 134,278.24 90.36 .029 2740.37 2.60   LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	DEVELOP. DISABLED	12	362	141,576.76	391.10	.007	11798.06	2.75
LEV A-INTERMEDIATE 0 0 1,486 134,278.24 90.36 .029 2740.37 2.60   LEV B-SUBACUTE FREESTANDING 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	@NURSING FACILITY	598	18,106	\$ 1,761,529.83	\$ 97.29	.351	\$ 2945.70	\$ 34.16
LEV B-SUBACUTE FREESTANDING 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV A-INTERMEDIATE	0	0	.00		.000	.00	.00
LEV B-SUBACUTE HSPTL BASED 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	LEV B-REHAB MD	49	1,486	134,278.24	90.36	.029	2740.37	2.60
LEV B-TRANSITIONAL IP CARE 0 0 0 .00 .00 .00 .00 .00 .00 .00 LEV B-REGULAR 549 16,620 1,627,251.59 97.91 .322 2964.03 31.56 [INTERMEDIATE CARE FACILDD 22 668 \$ 90,641.32 \$ 135.69 .013 \$ 4120.06 \$ 1.76 ICF DDH 12 .364 54,297.88 149.17 .007 4524.82 1.05 ICF DDH 10 .304 36,343.44 119.55 .006 3634.34 .70 ICF DDN/DDCN 0 0 .00 .00 .00 .00 .00 .00 .00 .00 .0	LEV B-SUBACUTE FREESTANDING	0	0	.00	.00	.000	.00	.00
LEV B-REGULAR 549 16,620 1,627,251.59 97.91 .322 2964.03 31.56 @INTERMEDIATE CARE FACILDD 22 668 \$ 90,641.32 \$ 135.69 .013 \$ 4120.06 \$ 1.76 ICF DDH 12 364 54,297.88 149.17 .007 4524.82 1.05 ICF DD 10 304 36,343.44 119.55 .006 3634.34 .70 ICF DDN/DDCN 0 0 .00 .00 .000 .000 .000 .000 .000	LEV B-SUBACUTE HSPTL BASED	0	0	.00	.00	.000	.00	.00
@INTERMEDIATE CARE FACILDD         22         668         \$ 90,641.32         \$ 135.69         .013         \$ 4120.06         \$ 1.76           ICF DDH         12         364         54,297.88         149.17         .007         4524.82         1.05           ICF DD         10         304         36,343.44         119.55         .006         3634.34         .70           ICF DDN/DDCN         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	LEV B-TRANSITIONAL IP CARE	0	0	.00	.00	.000	.00	.00
ICF DDH         12         364         54,297.88         149.17         .007         4524.82         1.05           ICF DD         10         304         36,343.44         119.55         .006         3634.34         .70           ICF DDN/DDCN         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	LEV B-REGULAR	549	16,620	1,627,251.59	97.91	.322	2964.03	31.56
ICF DD         10         304         36,343.44         119.55         .006         3634.34         .70           ICF DDN/DDCN         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	@INTERMEDIATE CARE FACILDD	22	668	\$ 90,641.32	\$ 135.69	.013	\$ 4120.06	\$ 1.76
ICF DDN/DDCN         0         0         .00         .00         .00         .00         .00         .00           @HEMODIALYSIS TOTAL         104         1,341         \$         80,288.34         \$         59.87         .026         \$         772.00         \$         1.56           HOSPITAL BASED         0         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 <td< td=""><td>ICF DDH</td><td>12</td><td>364</td><td>54,297.88</td><td>149.17</td><td>.007</td><td>4524.82</td><td>1.05</td></td<>	ICF DDH	12	364	54,297.88	149.17	.007	4524.82	1.05
@HEMODIALYSIS TOTAL         104         1,341         \$ 80,288.34         \$ 59.87         .026         \$ 772.00         \$ 1.56           HOSPITAL BASED         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00 </td <td>ICF DD</td> <td>10</td> <td>304</td> <td>36,343.44</td> <td>119.55</td> <td>.006</td> <td>3634.34</td> <td>.70</td>	ICF DD	10	304	36,343.44	119.55	.006	3634.34	.70
HOSPITAL BASED         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	ICF DDN/DDCN	0	0	.00	.00	.000	.00	.00
HEMODIALYSIS CENTER         104         1,341         80,288.34         59.87         .026         772.00         1.56           @REHABILITATION FACILITY         9         26         \$ 960.48         \$ 36.94         .001         \$ 106.72         \$ .02           HOSPITAL BASED         9         26         960.48         36.94         .001         106.72         .02           INDEPENDENT FACILITY         0         0         .00         .00         .00         .00         .00         .00         .00           QLABORATORY FACILITY         1,757         4,503         77,180.28         17.14         .087         43.93         1.50           PATHOLOGY         1,745         4,487         77,057.96         17.17         .087         44.16         1.49           XO AND OTHERS         12         16         122.32         7.65         .000         10.19         .00           @ORGANIZED OUTPATIENT CLINIC         8,196         12,846         986,198.22         76.77         .249         120.33         19.13           CLINIC         229         565         25,054.24         44.34         .011         109.41         .49           SURGICENTER         51         295         11	@HEMODIALYSIS TOTAL	104	1,341	\$ 80,288.34	\$ 59.87	.026	\$ 772.00	\$ 1.56
@REHABILITATION FACILITY       9       26       \$       960.48       \$       36.94       .001       \$       106.72       \$       .02         HOSPITAL BASED       9       26       960.48       36.94       .001       106.72       .02         INDEPENDENT FACILITY       0       0       .00       .00       .00       .00       .00       .00         @LABORATORY FACILITY       1,757       4,503       \$       77,180.28       \$       17.14       .087       \$       43.93       \$       1.50         PATHOLOGY       1,745       4,487       77,057.96       17.17       .087       44.16       1.49         XO AND OTHERS       12       16       122.32       7.65       .000       10.19       .00         @ORGANIZED OUTPATIENT CLINIC       8,196       12,846       \$       986,198.22       \$       76.77       .249       \$       120.33       \$       19.13         CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	HOSPITAL BASED	0	0		.00	.000	.00	.00
HOSPITAL BASED         9         26         960.48         36.94         .001         106.72         .02           INDEPENDENT FACILITY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	HEMODIALYSIS CENTER	104	1,341	80,288.34				1.56
INDEPENDENT FACILITY         0         0         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00         .00	@REHABILITATION FACILITY	9	26	\$ 960.48	\$ 36.94	.001	\$ 106.72	\$ .02
@LABORATORY FACILITY       1,757       4,503       \$ 77,180.28       \$ 17.14       .087       \$ 43.93       \$ 1.50         PATHOLOGY       1,745       4,487       77,057.96       17.17       .087       44.16       1.49         XO AND OTHERS       12       16       122.32       7.65       .000       10.19       .00         @ORGANIZED OUTPATIENT CLINIC       8,196       12,846       \$ 986,198.22       \$ 76.77       .249       \$ 120.33       \$ 19.13         CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	HOSPITAL BASED	9	26	960.48	36.94	.001	106.72	.02
PATHOLOGY       1,745       4,487       77,057.96       17.17       .087       44.16       1.49         XO AND OTHERS       12       16       122.32       7.65       .000       10.19       .00         @ORGANIZED OUTPATIENT CLINIC       8,196       12,846       \$ 986,198.22       \$ 76.77       .249       \$ 120.33       \$ 19.13         CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	INDEPENDENT FACILITY	0	0	.00	.00	.000	.00	.00
XO AND OTHERS       12       16       122.32       7.65       .000       10.19       .00         @ORGANIZED OUTPATIENT CLINIC       8,196       12,846       \$ 986,198.22       \$ 76.77       .249       \$ 120.33       \$ 19.13         CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	@LABORATORY FACILITY	1 <b>,</b> 757	4,503	\$ 77,180.28	\$ 17.14	.087	\$ 43.93	\$ 1.50
@ORGANIZED OUTPATIENT CLINIC       8,196       12,846       \$ 986,198.22       \$ 76.77       .249       \$ 120.33       \$ 19.13         CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	PATHOLOGY	1,745	4,487	77,057.96	17.17	.087	44.16	1.49
CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	XO AND OTHERS	12	16			.000	10.19	.00
CLINIC       229       565       25,054.24       44.34       .011       109.41       .49         SURGICENTER       51       295       11,298.91       38.30       .006       221.55       .22	@ORGANIZED OUTPATIENT CLINIC		12,846	\$ 986,198.22	\$ 76.77	.249	\$	\$ 19.13
, ,	CLINIC	229		25,054.24	44.34			
HEROIN DETOX CLINIC 1 7 76.65 10.95 .000 76.65 .00	SURGICENTER	51	295	•				
	HEROIN DETOX CLINIC	1	7	76.65	10.95	.000	76.65	.00

RURAL HEALTH CLINIC 7,975 11,979 949,768.42 79.29 .232 119.09 18.42 #CALIF DEPT OF HEALTH SERV MEDI-CAL SERVICES AND EXPENDITURES MONTH-OF-PAYMENT REPORT FOR JAN 2002 THRU DEC 2002 PAGE 1,824 MOP024 FEE-FOR-SERVICE/DENTAL 01/17/03

COLUSA COUNTY SUMMARY OF SERVICES FOR 80 TOTAL CERTIFIED

COHODA COUNTI	SOPPART OF SERV	VICES FOR OU TOIL	AL CL	KIIIID		MO	NTHLY AVERA	CE	
51,562 ELIGIBLES	USERS	UNITS OF SERVIC		EXPENDITURES	AVERAGE COST			COST E	
JI, JOZ ELIGIBLES	OSERS	OR DAYS OF CAR		EXPENDITORES	PER UNIT/DAY		USER	ELIGIE	
@ALL OTHER PROVIDERS	2,661	81,609		386,520.85		1.583			.50
DURABLE MED. EQUIP.	186	429	Ą	69,506.76		.008	373.69	•	.35
BLOOD BANK	0	429		.00	.00	.000	.00		.00
HEARING AID DISPENSERS	32	51			191.26	.001	304.82		.19
MEDICAL TRANSPORTATION	325				7.84	.277			.17
AMBULANCES/AIR TRANS		14,301		112,138.78			345.04 257.07		.17 .86
· · · · · · · · · · · · · · · · ·	172	3,160		44,216.32	13.99	.061			
OTHER TRANS	77 98	9,637		31,406.61		.187	407.88		.61
OTHER SERVICES	98	1,504		36,515.85		.029	372.61		.71
ACUPUNCTURE	۷	3			23.43		35.14		.00
ADULT DAY HEALTH CARE CTR	100	10		665.40	66.54		665.40		.01
GENETIC DISEASE TESTING	189	189		15,437.00	81.68		81.68		.30
IHMC, MODEL-NF, NF, AIDS, MSSP	6	45		3,003.35	66.74	.001	500.56		.06
OCCUPATIONAL THERAPIST	0	0		.00	.00	.000	.00		.00
OPTICIAN	525	1,191			12.44	.023	28.21		.29
PHYSICAL THERAPIST	1	1		88.69	88.69	.000	88.69		.00
PORTABLE X-RAY	1	2			1.55	.000	3.09		.00
PROSTHETIST/ORTHOTISTS	62	162		23,394.23	144.41	.003	377.33		. 45
PROSTHETICS	62	161		23,305.54	144.75	.003	375.90		. 45
ORTHOTICS	1	1		88.69	88.69	.000	88.69		.00
PSYCHOLOGIST	3	7		322.92	46.13	.000	107.64		.01
SPEECH AND AUDIOLOGY	57	173		13,030.83		.003	228.61		.25
HOSPICE SERVICES	3	40		•	159.28	.001	2123.77		.12
NONINST BIRTHING CENTERS	0	0		.00	.00	.000	.00		.00
LOCAL EDUCATION AGENCIES	617	12,439		59 <b>,</b> 570.78	4.79		96.55	1,	.16
EPSDT SUPPLEMENTAL SERVICE	0	0		.00	.00	.000	.00		.00
RESPIRATORY CARE PRACT.	0	0		.00	.00	.000	.00		.00
PED SUBACUTE REHAB/WEANING	0	0		.00	.00	.000	.00		.00
ALL OTHER PROVIDERS	743	52 <b>,</b> 566		58,351.87	1.11	1.019	78.54	1.	.13
@CALIF. CHILDREN SERVICES*	223	1,721	\$	336,226.53	\$ 195.37	.033	\$ 1507.74	\$ 6.	.52
@XOVER EXCLUDING STATE HOSP**	2,687	20,399	\$	328,709.87	\$ 16.11	.396	\$ 122.33	\$ 6.	.38
@* TOTALS IN THESE LINES ARE		RATE INFORMATION	ITEM	ONLY;					
MILE AMOUNDO ADE ALDEADY IN	CITIDED IN MIE A	DDDODDIAME DEMATI	TTNID	C ADOLLE					

THE AMOUNTS ARE ALREADY INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.

^{**} THESE DATA ARE INCLUDED IN THE APPROPRIATE DETAIL LINES ABOVE.